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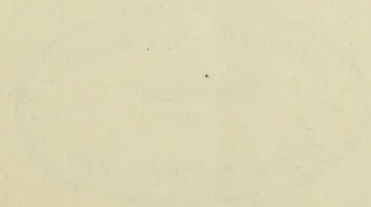
# MEDICAL JOURNAL

NEW YORK, N. Y.

VOLUME 1

1887

Published by the Medical Journal Company, New York, N. Y.









MARYLAND

# MEDICAL JOURNAL,

A SEMI-MONTHLY JOURNAL OF

MEDICINE AND SURGERY,

VOLUME IX.

MAY, 1882.—APRIL, 1883.

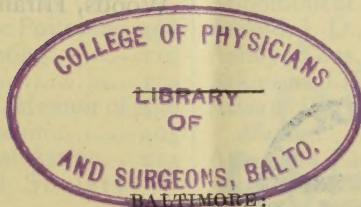
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JOURNAL PUBLISHING CO., STEAM BOOK AND JOB PRINTING,  
No. 29 Park Avenue,  
1883.

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# MARYLAND MEDICAL JOURNAL:

55  
A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

THOMAS A. ASHBY, M. D.,

EUGENE F. CORDELL, M. D.

SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

Contributions from practitioners in good standing invited, and advertisements from reliable houses solicited. Address all business communications to

ASHBY & CORDELL, PROPRIETORS, 5 S. Howard Street.

WHOLE No. 85.

BALTIMORE, MAY 1, 1882.

VOL. IX, No. 1.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### EXCISION OF THE INITIAL LESION OF SYPHILIS.

BY C. F. BEVAN, M. D.,

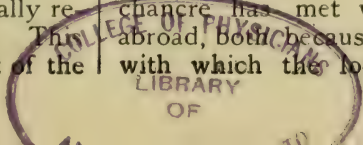
Professor of Anatomy and Genito-Urinary  
Surgery, College Physicians and Surgeons,  
Baltimore.

(Read before the Clinical Society of Md., April 7.)

The eight cases here related have been selected not only on account of the results obtained, but because errors of diagnosis were specially guarded against. Whilst no failures are alluded to, it must not be inferred that none have occurred; for they are far more numerous than the successes.

In the treatment of the initial lesion of syphilis but little variation in practice is met with. From the first appearance of the chancre to the development of constitutional symptoms the initial lesion alone is generally treated, some mild dressing being considered sufficient, while mercury and iodide of potassium are generally reserved for later developments. This practice is doubtless the result of the

almost universal belief that the initial lesion marks a stage when the system has already become infected beyond the hope even, of an escape from the known constitutional effects of the malady. It has no doubt happened to most of us that sores which we have cauterized under the impression of their purely local character (chancroids) have afterwards been followed by constitutional manifestations, and, on the other hand, when the appearance of the lesion, as well as its history, has prepared us for the appearance of syphilis, no indications of it have been met with. We generally in such cases accommodate our diagnosis to the result, and question the accuracy of the first impression. I am far from being satisfied, however, that the failure in the appearance of the expected constitutional symptoms is *always* due to an error in diagnosis. It seems to me highly probable that our free and timely cauterization has actually prevented systemic contamination. The practice of excising the chancre has met with some favor abroad, both because of the rapidity with which the local trouble is re-





lieved and also because immunity from the toxic effects of the malady have been noted. It is unfortunate that equally good results have not been obtained by various surgeons. This inequality of results probably occurs from the wholesale application of the method to chancres, regardless of their situation or duration in point of time. When the initial lesion is situated upon the extremity of the prepuce, and when enlargement of the inguinal lymphatics is not particularly noticeable, the best results may be met with. If the lesion, however, is upon the glans and the lymphatics are prominent, negative results so far as exemption from constitutional effects are concerned, should be expected. The following cases, condensed from my case-book, are good examples of the practice:

CASE 1. T. H., aet. 20, consulted me for a venereal sore, located on the extremity of a redundant prepuce, March 26th, 1880. He had had but one connection, had been free from any indication of disease, and the sore in question made its first appearance twenty-one days after connection. It was hard, situated upon an indurated base; scanty secretion without glandular enlargement. Circumcision was advised, and at once resorted to. The diagnosis was based upon the incubation, and induration of the lesion, confirmed by examination of the woman from whom it had been obtained. She had large mucous patches upon both sides of vagina and in mouth. The wound healed kindly in two weeks, and the patient was carefully watched for constitutional symptoms, but as late as February 20th, 1882, nearly two years afterwards, none had appeared.

CASE 2. W. R., aet. 19, consulted me April 7th, 1880, for a venereal ulcer located on the prepuce. Its secretion was very scanty; its character indurated; inguinal glands movable, enlarged, but not sensitive. He gave

a history of congenital phimosis; that the sore came on three weeks after his first and only connection, and had existed but three days when he consulted me. The woman from whom it was contracted was laboring under a secondary syphilitic eruption (pustular). She denied any vaginal lesion, but would not permit a vaginal examination.

The entire prepuce and sore were removed by circumcision; a dry dressing employed. The wound healed almost entirely by first intention. A recent examination fails to indicate any syphilitic taint.

CASE 3. John B., colored, aet. 23, was first seen April 28th, 1880, at City Hospital. He had contracted a venereal sore, located upon the extremity of a long prepuce. The sore was single, hard, small, and was associated with enlarged inguinal glands, which had just appeared. He gave a clear history, from which the incubative period was found to be twenty-four days. Circumcision was practiced, the patient kept under close observation, reporting for examination after the wound had healed once or twice each month. Up to January, 1882, he was still free from any syphilitic taint.

CASE 4. W. A. F., aet. 35, married, was first seen June 10th, 1880. A venereal sore had made its appearance three days before consulting me, on the side and near the end of the fore skin. The sore, papular in character, was rather dry, with a distinct indurated base; slight glandular enlargement; incubation period 17 days. He brought me for examination the woman from whom he had obtained his lesion. She was the possessor of a well-marked indurated labial ulcer, and afterwards presented herself with a papular syphilide. Excision of the lesion was practiced, the sore being snipped off with scissors and the wound drawn nicely together by sutures. Save the scar all traces of

the injury disappeared within two weeks. Up to this time he has no bad effects from his sore.

CASE 5. G. A. G., aet. 19, consulted me November 14th, 1880, for a small ulcer of venereal origin, which had only existed forty-eight hours. His exposure occurred fifteen days before. The sore was located on the side of the frenum, was thoroughly indurated, single, with scanty secretion; inguinal glands slightly enlarged and movable. The entire lesion was removed by excision and the wound dressed with dry lint. In February, 1882, was still free from any taint. A comrade who had visited the same woman and about the same time, is now laboring under secondary syphilis, derived from her.

CASE 6. H. C. W., aet. 22, colored, came to the City Hospital Dispensary March 5th, 1881, for a sore of 36 hours duration, located upon the extremity of a redundant prepuce. The ulcer was single, slightly indurated, of scanty secretion, with perceptibly enlarged inguinal glands, though they were freely movable and not sensitive. He had not been exposed for three weeks. Circumcision was practiced. When seen in July and October, 1881, and in Jan., 1882, no secondary developments had taken place.

CASE 7. L. S., aet. 27, was seen at City Hospital Dispensary March 7th, 1881. A small papular sore of moderate induration was found upon the side of the penis, which had appeared three days before. Its incubation was seventeen days, dating from last exposure; no enlargement of inguinal glands. After watching the lesion for two or three days, the induration increasing, the entire sore was removed by excision. In December, 1881, (nine months afterwards) no trace of syphilis could be made out.

CASE 8. F. T., aet. 18, consulted me April 7th, 1881, for a sore of venereal origin, located on the extremity of a congenitally phimosed penis.

Just three weeks before seeing me he had had his first and only connection. The day following he noticed an abrasion on the spot where the sore was located, which in 48 hours had healed. No other trouble was noticed up to two days before his visit, when a small hard lump was discovered on the end of the prepuce. The chancre was a typical Hunterian; inguinal glands were well marked, without being enlarged or sensitive, and were freely movable. He brought me for examination the woman from whom his lesion had been obtained. Vaginal lesions, a mucous plaque in mouth and and a pustular syphilide were found upon her. Circumcision was at once performed. Most of the wound united by first intention. He has been kept under constant observation, visiting me about once a month. So far no trouble has occurred.

The period of incubation in this series of cases was one, fifteen days, two, seventeen days and one, twenty-four days. In four cases the opportunity of confronting the patient and woman was obtained. In one the woman was laboring under a secondary eruption, and in one other case a comrade had become infected from the same source, whilst in two only of the eight cases is the diagnosis obliged to rest upon the physical character of the sore.

The removal of the lesion was effected in four cases three days after its appearance, two days afterwards in two cases, on the fifth day in one, and in one the time was not noted, though it was probably not later than four or five days.

One of the first things to be considered in the study of such cases is undoubtedly the now well-recognized difference between the chancroid and chancre. In the one there is the absence of an incubative period, absence of constitutional symptoms, and marked difference in the behavior of



the sore; in the other an incubative stage ranging from 15 to 90 days, dating from the time of exposure to the appearance of the lesion, a period of quiescence following the initial lesion of about three months, before the constitutional effects are manifested, and a pronounced induration of the parts on which the sore is located.

A careful study of the induration made by the best pathologists seems to indicate the lymphatic vessels as the carriers of the poison, whilst accumulations of lymph or white blood cells seems to be the first effect of the syphilitic process forming the induration. Beisiadecki\* gives the following as a description of the pathological changes met with: "The induration consists of a cell infiltration of the papillæ of the corium and subcutaneous cellular tissue. The infiltrated cells are similar to those of dermatitis. They are round, have one or two nuclei, have a finely granular protoplasm, and separate the connective tissue equally. These fibres retain the normal size, are not infiltrated as in dermatitis; they are apparently denser and more resistant to chemical reagents. But the arrangement of the cells differs from that in dermatitis. In those places where a rich cell proliferation has taken place, and in their vicinity still more, we find that the neighboring tissues of the vessels, as well as their walls, are abundantly infiltrated with cells. The walls of the capillary vessels of the papillæ are thickened, have a shining and rigid appearance, and inclose numerous nuclei which project even into the lumen of the vessels.

The adventitia of the arteries and veins is three times its normal thickness, in consequence of the presence of numerous round, spindle-shaped and branched cells. The calibre

of the vessels is diminished, but the vessels are permeable. If the induration still increases we find in its vicinity an abundant proliferation in the adventitia of its vessels, and subsequently the adjoining connective tissue cells enlarge and proliferate, and anastomose with those situated in the adventitia by means of their processes. The induration is explained neither by the number of cells nor by their peculiar properties, but by the fact that while in dermatitis we have a proliferation of cells, and also a serous exudation which infiltrates the tissue cells and fibres, in the induration of syphilis we have a dry, anæmic tissue, resistant connective tissue fibres, considerably thickened walls of vessels. The dryness of the induration, which produces the hardness and also the anæmia, is caused by the *proliferation in the walls of the vessels*, which makes it difficult for the serum to leave the vessels, and also diminishes their calibre."

Experiments on animals and man, point to the conclusion that the blood capillaries are surrounded by perivascular spaces, and that the adventitia of the blood vessels is in part to be regarded as belonging to the lymphatic system. "We have seen," says Beisiadecki, that the cells of the adventitia are in a condition of proliferation; that this proliferation is in the walls of vessels distant from the induration. We also know that when the induration continues, the larger lymphatic vessels appear as thick cords on the dorsum penis, and that the corresponding glands take part in the process. These cells formed in the lymphatic system, can easily enter the lymph current and the blood, and become the carrier of the contagium." From this he concludes that "the infection of the organism is not caused by absorption of fluid or broken-down substances in an unknown way, but the progressing inflammation of the lymphatics and glands, the formation

\*Otis on Syphilis pp. 4 and 5, Baumler, Ziemsen vol. III., &c.

of cells in them, and the entrance of these cells into the lymph current as living elements may be regarded as the cause of the general infection."

That syphilis is essentially a poison has always been beyond doubt, but as to what the poison is, is a question which has occasioned many long discussions, and been the motive for many interesting researches. The tendency of modern science is to demand great exactness on all points of pathology, or failing to secure it, to consider such problems as not proven.

When Lortorfer therefore announced his discovery of a corpuscle peculiar to syphilis, it was not long before the labors of competent microscopists revealed the fact that the shining corpuscle in question was found also in purely normal blood.

The studies of Chauveau and Burdon Sanderson upon pure vaccine lymph, which in its action is so much like the early behavior of syphilis, shows the contagious principle to reside in certain minute rounded bodies, which strongly refract the light, and which seem to be heavier than the lymph. Other workers believe they have found in the bacterial theory the most conclusive proofs that diphtheria, scarlet fever, erysipelas and other contagious diseases owe their existence to the diffusion of these minute organisms. Syphilis, too, has its advocates for a bacterial origin. "Klebs," (Keyes Venereal Diseases, page 62,) a well known and thoroughly capable observer, cultivates a spore which he finds in syphilitic blood (apparently a moving bacterium), produces a plant, inoculates it upon an ape, produces consecutive ulcers recalling the ulcers of syphilis clinically and histologically, shows them to Professor Pick, who recognizes their resemblance to syphilitic ulcers, kills the animal, and finds between the dura mater and the skull a material much

resembling gumma, and a quantity of organic germs analogous to the forms which had been inoculated upon the animal. Klebs placed a portion of a freshly extirpated syphilitic chancre under the skin of another ape; the wound healed without suppuration, the glands swelled slightly. In six weeks the animal had fever, and shortly afterwards a crop of papules came out upon the neck, head and face. The papules were flat, two or three millimetres in diameter and of a brownish color. These lesions scaled off, but did not ulcerate, and the papules, together with the fever disappeared, leaving no trace." Indisputable evidences of syphilis were found post mortem and the blood of this ape contained plants looking very much like the fungus which had been inoculated upon the first ape. The conclusions and researches of Klebs however, must still be held sub judice.

Beale (Disease Germs, &c., &c., p. 143) in speaking of the poison of syphilis says: "It is a molecule of living matter, derived by direct descent from the living matter of man's organism—living matter which retains its life after the death of the organism in which it was produced; living matter which has descended from the living matter of health, but which has acquired the property of retaining its life under new conditions; living matter destroyed with difficulty, and possessing such wonderful energy that it will grow and multiply when removed from its seat of development and transferred to another situation, provided only that it be furnished with suitable nutrient pabulum."

Prof. Otis (Otis on Syphilis) recognizing the pathological teachings of Verson and Beisiadecki, before alluded to, accepts the theory of Beale that the virus is living matter, and accounts for the induration partly by the rapid proliferation of the degraded and diseased cells derived from a syphilitic individual, and finds also an ample



explanation for the incubative stage in the absorption and conveyance of the proliferated matters from the point of inoculation to the nearest lymphatic glands through the lymphatic vessels. Whatever the poison may be, whether bacterial, diseased germs, or some undiscovered entity, there can be but little doubt, I think, that the incubative stage marks the period during which only local changes are taking place; or during which the poison is developing, is being taken up by the lymphatics and through them distributed to the system at large. This incubative period is known to be rather irregular in duration, and it has been noticed that the incubative stage is longest when the point of inoculation is near or upon parts feebly supplied by lymph vessels; and is short when located amid these vessels, as near the frenum. It would seem logical to infer from these statements that the syphilitic poison always remained local during the incubative period or developmental stage; that it always infected the system only through the lymphatics, and hence if removed prior to the time the lymphatic glands became involved, should afford complete protection to the constitution. There is no doubt that the glands do play a most important rôle in the distribution of the poison, but evidently the blood vessels too are largely instrumental in the process.

Auspitz is perhaps the most enthusiastic admirer of the practice of excision; he reports 23 cases in 14 of which no secondary symptoms were met with.

Kölliker sanctions the practice and has recorded 8 cases, 3 of which remained free. Unna reports 3 cases, 2 being successful. The treatment by excision in properly selected cases can certainly do no harm; it more rapidly cures the initial lesion than by any other method, and tends thereby to check the further conveyance of the

disease to others, and finally it holds out some hope of being actually a curative procedure.

Linden ave. and Lanvale st.

## IS PHTHISIS CONTAGIOUS?

BY J. T. KING, M. D., OF BALTIMORE.

(A paper read before the Baltimore Medical Association.)

GENTLEMEN:—Phthisis is a disease of the highest importance, and calculated to excite a very great interest, whether we view it in relation to the insidious nature of its origin and progress, the selection of its victims, or the number and frequency of its attacks.

From calculations founded on the tables of mortality and other data it has been computed that 60,000 persons die annually of consumption in Great Britain, but as this computation has not been made with reference to the great increase of population within the last few years it is probable that the average amount of deaths, from tubercular phthisis, may without exaggeration, be eighty or ninety thousand in the year. In our own country we have in New York the percentage of deaths from consumption 14.09 of the whole mortality, in Boston 15.17, in Baltimore 14.55.

Phthisis is a disease which, more than any other, demands the sympathy and excites the commiseration of the friends and acquaintances of the sufferers. Some diseases are borne in silence and concealment, because their phenomena are calculated to excite disgust; to others, the result of vicious courses, the stigma of disgrace is attached; unsightly ravages of the human frame, or the wreck of mental faculties inspire us with other feelings rather than sympathy, but consumption, neither effacing the lines of

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We are in receipt of several hundred such letters, but refer—instead of introducing them here for the purpose of inducing physicians to try the preparation—that they should send for a sample, and form their own opinion of it.

We append an official analysis of the preparation, made by an eminent London chemist:

The following is a correct analysis of COLDEN'S LIEBIG'S LIQUID EXTRACT OF BEEF perfected 3d January, 1868. I obtained the sample indiscriminately from the Company's Warehouse, Lower Thames Street, London, E.C. I find this preparation contains:

20 per cent. saccharine matter .....	20
25 per cent. glutinous or nutritious matter obtained in the condensation of the beef..	25
25 per cent. spirit rendered non-injurious to the most delicate stomach by the extraction of the fusel-oil.....	25
30 per cent. of aqueous solution of several herbs and roots, among which are most discernible Peruvian and Calisaya Barks.....	30

Total..... 100

I have had the process explained by which the beef in this preparation is preserved and rendered soluble by the brandy employed, and I am satisfied this combination will prove a valuable adjunct to our pharmacopœia.

Signed, ARTHUR HILL HASSELL, M. D., F.R.S.

Russell Square, London, W. C., 3d January, 1868. Pres'dt of the Royal Analytical Asso., London.

Since the date of the above analysis, and by the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of SOLUBLE CITRATE OF IRON.

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personal beauty nor damaging the intellectual faculties, tends to exalt the moral habits and develop the amiable qualities of the patient, and from its melancholy character gives to our feelings of commiseration a more than ordinary intensity. Most persons die of consumption in the bloom of youth, at a period when hopes are brightest, and the capacities for enjoying life are in full vigor and maturity. Most of its victims are remarkable for the early unfolding and brilliancy of their mental accomplishments; and many a family has to regret that by tubercular phthisis, some of the fairest and best of its members have been hurried to an early grave.

I am not, gentlemen, going to treat the subject of consumption in detail; I do not intend to enter into a description of its symptoms, to exhibit its various phases, or to enumerate the stethoscopic phenomena, nor do I intend to attempt a description of the forms of tubercle but shall direct my attention to the single question of its contagiousness.

First then what do we mean by contagion? Webster defines it as "the act or process of transmitting a disease from one person to another by direct or indirect contact."

Understanding what we mean by the term, let us proceed to adduce such testimony as will enlighten us on this important subject.

In my own practice I recall but two cases where I believe the disease was communicated by contagion. The first, a young lady, a posthumous child; father deceased of apoplexy at about 45 years, mother still living at an advanced age. There was no phthisical history.

This young lady was the personification of health. I had known her from her childhood. She married at the age of 24 years to a gentleman on whom consumption had already begun its dreadful work. He was con-

fined to his bed, before her confinement with her first child. The husband lived about a year or 18 months; the child survived him but a few months, succumbing to *tabes mesenterica*. The widow showed no signs of impaired health during the first three or four months of her widowhood, then began to lose the healthy rich color; grew anemic, suffered with dyspepsia, slight cough; indeed all the symptoms of pre-incipient phthisis, save that she maintained her flesh to a remarkable degree.

In this condition of health she married her second husband. Pregnancy which almost immediately followed seemed to arrest the advance of the disease, as it frequently does, but after the birth of a large boy she sank rapidly with unmistakable signs of phthisis, as confirmed by a number of medical gentlemen.

The history of the second case is as follows: A patient of mine suffering with chronic phthisis employed as nurse a strong, healthy, robust woman. There was no phthisical history in nurse. This attendant was as untiring and indefatigable as she was skillful. Through months of weary watching and nursing she performed her duty, but at last came the suspicious cough, loss of strength and flesh, accelerated pulse, pain, hectic, suppression of menses; in short all the symptoms of consumption, which were confirmed by physical exploration.

The disease ran a rapid course. One evening when family and nurse kneeled about the bed of the mistress of the household for evening devotion, as was their wont, the nurse fell to the floor with the life blood gushing from her mouth, and expired in an instant. To-day in one of our cemeteries, may be seen side by side the mounds of mistress and nurse.

Some may object that in the cases just related the close application, watching and confinement led to the development of phthisis, and were the



sole causes. I admit that where a predisposition exists the nursing and confinement render the chances of escape less likely, but how often have we seen women broken down by nursing chronic diseases, other than consumption, but who after a few weeks of rest fully recover. I have never seen or heard of one who developed phthisis from nursing such cases unless a predisposition to said disease existed. We do not claim that every man or woman nursing a case of phthisis will contract the disease, or that it is of common occurrence, but we do claim that it occurs sufficiently often for physicians to recognize the fact. We claim that the danger is as great or greater than in typhoid fever, for in the latter disease the material cause resides in the excreta, and by cleanliness the contagious element is destroyed and removed, but in phthisis the material cause lies in the effete matter constantly being thrown off from the lungs of the stricken individual, more especially in the advanced stages of the disease. The very frequency of phthisis would lend color to the belief of its contagiousness. Dr. E. Darwin Hudson, Jr., in an elaborate monograph on phthisis states that Dr. Colton analyzed 1,000 cases at Brompton Hospital and could prove hereditary taint in but 376. Scott Allison at the same institution out of 603 cases has only seen the influence manifested in 19 cases. Walshe after careful inquiry concludes 26 per cent. Pidoux not over 25 per cent. The remaining 70, or 75 per cent. must be from other causes; among these we believe contagion to hold its place.

Among those who believe in the contagiousness of phthisis are Aristotle, Galen, Riveris, R. Morton, Baume, Cullen, Heberden, E. Darwin, C. B. Coventry, S. G. Morton, Bright and Addison, Dunglison, Andral, Drake, Watson, Copland, Dickson, W. Budd, Lawson Tait, Walshe, T.

M. Madden, F. Huffman, T. Reid, Ravlin, S. C. Vogel, C. T. Selle, and A. P. Wilson.

With your permission I will read a case as reported by Dr. Webb of Philadelphia in American Journal of Medical Sciences; also a number of cases from other prominent men sent to him in answer to inquiry.

Dr. Webb says: "In January, 1874, I was requested to attend Mrs. S., aged 24 years, who was suffering from phthisis; it was found difficult at first to convince her parents, also her husband, that that was the real cause of her illness, as they stated that consumption was not known in the family of either father or mother, and that her maternal grandmother was still living now a lady 75 years old, and healthy in every particular, and that her paternal grandfather, aged 81 years, was accidentally drowned about 2 years ago, while endeavoring to drive across a ford, during high-water, of one of the streams of West Virginia. Both families are long lived. On making further inquiry, it was found that during the winter and spring of 1873, she was in constant attendance upon a lady friend who had phthisis, and for whom she had the most fond attachment, and who died in May of that year. Mrs. S. was not married at that time. She died in the latter part of March, 1874."

Professor Alfred Stillé reports the case of a mother, between 50 and 60, whose husband many years before had died of consumption. She was herself in excellent, tough health up to the date of her daughter's last illness, which was with chronic phthisis with cavities. A day before her death the daughter's breath was very offensive, and the mother, who was lifting her to change her pillows, inhaled it. She spoke to me of the foul taste and acrid sensations in her throat produced by the inhalations. Within a few weeks she began to cough, fell

rapidly into consumption, and died after a few months illness.

The following cases are reported by Prof. J. M. Da Costa. He says:

"I have met a number of instances which seemed to prove the contagiousness of phthisis. I am a believer in this, although I admit the great difficulty of eliminating the law of coincidence in a disease as common as tubercular phthisis. To mention a few of the instances I have met with:

1st. I attended a gentleman of tubercular family, and himself suffering from very slowly developing consumption, which in truth was arrested for a number of years. He thrice married, and lost his three wives by consumption. The third was a woman of splendid physique, and of a very healthy, long-lived family. She was the mother of three children; one is scrofulous. 2d. A similar case in a splendid-looking young woman, who most faithfully nursed a tubercular husband for nearly two years. She died a year afterwards of phthisis, beginning apparently with throat and bronchial irritation. She had, I think, no children. 3rd. A young woman who accompanied her husband to Colorado, where he died a year ago of slow consumption. She is tubercular now; no case of phthisis has been known in the family except that of her mother's aunt. One of the children died of scrofula."

Prof. Da Costa says: "I might give you more examples, and I have noticed the fact that they chiefly happen in women."

Dr. J. Solis Cohen writes:

"I am strongly impressed with the opinion that phthisis can be contracted, that is to say, is communicable rather than contagious in its strict sense, from frequent continuous contact with the phthisical."

"I attended," says Dr. Cohen, "during a series of ten years, one son and two daughters, all young adults, of a gen-

tleman of this city, and subsequently the father himself, at about the age of 50 years, all of whom died of phthisis under my care. Two sisters of the father died of phthisis also, under the care of another practitioner, both married with several children, probably a dozen or fourteen in all, all of whom are still living, with all the manifestations of phthisis. The father had an aunt, a stout, hale, hearty English lady who nursed these children when they became sick, often sleeping with them, and subsequently she contracted acute phthisis, and died under my care within seven weeks, at the age of about 64, some members of her family (sisters) surviving her at a more advanced age, and in good health."

Dr. Solis Cohen continues: "I have also had several cases in which wife or husband died of phthisis several years after the death by phthisis of the other party; in one, and perhaps more instances, after second marriage, in which I have thought (the personal history being unphthisical) that the germs of the disease had been contracted from sleeping with the diseased individual."

Dr. Quilez of Cuba communicates the following case, and states that he has been familiar, personally with both families and knows definitely, of their antecedents.

"A gentleman, whose family was subject to hereditary phthisis, married a strong, healthy, well developed young lady, in whose family no such disposition existed, and in which no case of phthisis could be traced. A female child, of delicate, though healthy aspect, was the first fruit of said union; a second child, of more delicate health, was born, and died in early childhood. The father, after being sick for some time, died from his hereditary affection; and his wife, whose health had begun to decline, was at last a victim to the same disease."



A. P. Brubaker, M. D., of Philadelphia reports the following case: "Mrs. K. aged 33 years had always enjoyed good health until within the last six months; her parents are living and well. Three years ago she married, her husband coming from a phthisical family; his mother and two sisters, it is said, died of consumption. At the time of his marriage one of his sisters had been ill for a year with phthisis. Mrs. K. attended her for a period of eleven months, when she died. Last August, 19 months after the death of her sister-in-law, she was seized suddenly with what she called "Hives," followed in the course of a week with fever, slight cough with expectoration, loss of appetite and strength, which gradually became worse; she has lost flesh, and has had slight hemorrhages, in fact all the train of symptoms characteristic of phthisis."

The three following cases were reported by Dr. Simpson: "Mrs. C. aged 28 years, of a healthy, long-lived family, was in perfect health when married. Her husband died in Iowa of phthisis. Four months after his death I attended her with slight hemorrhage; dulness was found at apex of left lung but very limited. She died four months after of well-marked phthisis. She was one of thirteen children, all of whom, with the exception of Mrs. C., are living. Her mother died at the age of fifty with some disease of the liver; her father is still living. I attended a grandfather and grandmother both of whom died when over eighty. 2nd. Mrs. M., aged 30 years, a strong, healthy, Irish woman; she nursed her husband, who died of phthisis in the early part of 1877. One month after his death she had a profuse hemorrhage; on examination a spot of dulness was found on the anterior part of the right lung. She was under my care four months; the disease spread rapidly, involving the whole of the right and the apex of the left lung.

Mrs. M's brothers and sisters are all living. She had four children all strong and healthy. 3rd. Mrs. G., of a healthy family; knew her to be well during her married life. Her husband, whom she nursed for one year, died of phthisis. A month after his death she showed symptoms of bad health, with slight cough; examination revealed disease of anterior portion of the left lung. She died in 18 months of phthisis."

Dr. Lawson Tait, Fellow Royal Medico-Chirurg. Society, and Surgeon to Birmingham and Midland Hospital for Women, England, upon the question of contagiousness of consumption says: "The question of the contagious nature of pulmonary consumption is one in which I have long been interested, and on which I have made many observations in dispensary practice. Long before I met with the case which I shall afterwards detail, I had seen cases which seemed to me to point out strongly that the Italian doctrine had some ground for existence, but my cases were all deficient at some point or other in the chain of evidence. The question is one of mighty clinical importance, and it has often struck me with amazement that neither in this country nor in America has any physician set himself to work to decide, from out of the sadly too great abundance of evidence at our disposal, the truth or otherwise of a doctrine so firmly held by our continental brethren. It has been alluded to by nearly all writers on phthisis, but authoritative opinions have been given by none, so far as I am aware for or against the view of its contagious character. A lingering suspicion, however, seems to exist in the minds of most medical men, for we constantly hear of the advice being given that the patient should sleep alone. For my own part I never fail to impress this precaution, for I entertain the belief strongly that pulmonary consumption may be communi-

cated." The following case as reported by him is so strong that I beg permission to speak of it in full.

"About three years ago there came one day to consult me a pretty, flaxen haired, blue eyed girl of about 18, whose face alone was enough to designate pulmonary consumption; she told me her mother had died of it also a brother. As is the wont of women in affliction, she brought a friend with her to help her through the ordeal of a visit, a perfect contrast to herself, tall, stout and strong, the very picture of health, a handsome Irish brunette, born near Sligo. The two worked together in one of our Yorkshire wool mills, and it would seem the strong contrast between them had caused their close friendship. They lodged together, and until their visit to me had slept together. As is my custom I at once insisted on the patient having a room to herself, and after my injunction this was strictly carried out. I need not detail the case of the first girl. Suffice it to say she passed through several attacks of softening, during each of which she was attended carefully, but not closely by her friend, who, during the time when the patient was unable to work, earned the support of both, and after those attacks she recovered completely, married, and is now the mother of two children. Her devoted friend had a different and sadder fate; for only five weeks after her visit to me in the capacity of companion to my patient, she herself came with the dyspeptic symptoms which usher in the first stage of phthisis. During the time she was nursing her friend, the physical signs of incipient consumption were manifested, and despite all my endeavours, it ran an almost unchecked course in rather less than three months. Long before her death the conditions of the two girls were reversed; the patient had become the nurse and the nurse had taken the patient's bed; the former,

whose fate I had regarded as decided, recovered; the latter, who really sacrificed herself for her friend, died. It was strange and most interesting to me to find that the survivor felt keenly that she had given her disease to her companion, and was the unconscious cause of her death. In the case of the girl who died, I was fortunately able to get a family history very completely, and to eliminate any difficulty there might have remained as to a family taint. Her father, mother, several brothers and sisters are alive and all strong. She had a grandfather, and two grandmothers alive, and no instance had occurred in the family of death from chest disease, or any of the allied affections—nor in her own history was there any point which could be indicated as one of likely explanation for the phthisis. The whole evidence, negative certainly, but none the less valuable on that account, pointed to the conclusion that it was a case of phthisis derived from contagion."

I find recorded many cases such as I have produced, but I will not consume further time in reading them, as they would be only corroborative. In the cases of phthisis generally women are in excess but a fraction over one per cent; about 14 in 1,000. Yet every case reported from contagion occurred among members of that sex. Is this a mere coincidence? Does it not rather strengthen the idea of contagiousness, because upon them generally devolve the duties of the nurse, and they are consequently more exposed to consumption from that cause.

In many parts of the continent of Europe, the southern parts of France, Italy and Germany for example, the contagious character of the disease is firmly believed in by the people, and by many of the leading physicians. In some places, especially in the south of France, so complete is the conviction as to the communicability of



consumption that upon any one dying of the disease, the bed on which the patient lay is invariably burned.

Can we learn anything from the lower animal kingdom upon this important question? Chauveau's, Colin's and other experimental researches prove conclusively: 1st, That tubercular disease is very common among cattle, especially among cows and oxen. 2nd, That the contact of a diseased animal with a healthy one for a long period is almost sure to communicate phthisical disease to the other before in a healthy condition. The milk of cows with the pearl disease, which is but tubercular phthisis, has been observed to induce tuberculosis not only in calves but also in other animals, and even guinea pigs. Such milk is said to produce first intestinal catarrh, and tuberculosis of the mesenteric glands, liver and spleen. I am not prepared to say that the milk of the human consumptive mother does not carry the seeds of the disease to her offspring. From numerous examples, in which the milk of tubercular cows had been, during many months, the chief source of nutrition of certain children who became pale, emaciated, and finally developed tubercular disease, it is fair to assume that in milk of this origin we have a fruitful source of pulmonary phthisis. Jacobi reports that a dog which ate the sputa of his phthisical master died of consumption. Laënnec was convinced that he had contracted a tuberculous nodule through a wound made with a saw while making an autopsy in a case of phthisis. He succeeded, however, in destroying it with the butter of antimony. As Laënnec was undoubtedly familiar with the appearances of the ordinary dissection pustules, the fact that he thought it worth while to mention this incident shows that he must have meant something different from them.

Should I more than allude to the artificial production of tubercle I would be obliged to greatly lengthen a paper already much longer than I had intended. The question of the contagion of pulmonary phthisis rests to a great degree upon the possibility of its inoculability. The first experiments of Villemin, Prof. of Val de Grace, in 1865, appeared to settle this for a time in the affirmative. Later, Fox, Clark, and Sanderson showed that tubercular disease might be produced by substances not at all specific in nature, cheese, cinnabar, etc. Within a year this matter has again been taken up by Cohnheim, and we find ourselves forcibly obliged to admit that from the inoculation of tubercular or purulent matter taken from a phthisical patient, pulmonary phthisis in animals may invariably be produced.

All animals are not equally susceptible. Dogs for example show little susceptibility, whilst rabbits and guinea pigs have it to a remarkable degree. The way in which the tuberculous matter is introduced is of little consequence; the common and most convenient way of procedure is inoculation by a small incision, either into the subcutaneous tissue, the pleural, peritoneal cavities or the anterior chamber of the eye. Chauveau and others have infected rabbits by feeding them with tubercular matter. Whether there is much or little tubercular matter employed, whether it is used alone or mixed with other tissues is of little importance; by far greater consequence, on the other hand, is it that the substance used should be fresh, and free from decomposition. The fresher it is the less likely is the experiment to be affected by septic and similar influences, and infection is more certain. How the infection takes place is best seen in animals where the tubercular matter has been introduced into the anterior chamber of the eye. In this case if the sub-

stance be absolutely fresh, the irritation produced by the introduction soon passes away; the small portion introduced becomes smaller and smaller, and may even completely disappear—then for a while the eye is completely clear and intact, until suddenly on the iris a smaller or larger number of minute grey nodules appear, which grow to a certain size and then caseate, exactly as happens with human tubercle. The state of incubation varies: dogs 21 days, guinea pigs and rabbits 14 days.

Once introduced, its further course is influenced by the condition of the structure of the part, and takes the direction of the natural roads of the organism; finally into the circulation for the development of tubercle in distant organs. When introduced into the peritoneum it next reaches the spleen and liver; introduction by feeding affects intestines and mesenteric glands; by inhalation the lungs and bronchial glands are affected primarily. When introduced subcutaneously the lymphatics are first affected. That the lungs are affected in a far larger ratio is because those organs are more exposed to contagion from contact with sick.

A certain proportion of tubercular matter is swallowed. The course through the esophagus is too rapid to take effect; in the stomach the acidity of the gastric fluid destroys its power of contagion to that organ and bowels. When in consequence of swallowing large quantities of tubercular matter catarrh of the stomach is produced the chief obstacle to transmission to intestines is overcome. In the bowels infection is most likely where the contents are retained longest; in the neighborhood of the ileo-cæcal valve, ileum, cæcum, colon. Simultaneously with or immediately following the development of virus in the follicles comes development in the mesenteric glands. When inhaled virus takes root directly in larynx and trachea,

producing so-called primary tuberculosis of larynx. A disbelief in the contagiousness of phthisis is likely to result in the increase of the disease.

The investigations of Tappeiner have also indubitably shown that the mere breathing of atomized watery solutions of the sputa of phthisical animals will convey infection to healthy animals. It is therefore, fairly presumable, in conclusion, from manifold experiments, and more particularly from the latest and most convincing of all, those of Cohnheim, of Leipzig, that pulmonary phthisis in man may be conveyed by 1st, milk of tubercular cows; 2nd, inhalation of particles of sputa carried in the atmosphere directly from phthisical patients; 3rd, direct inoculation, as by an abraded surface of part of the integument, through which the matter may be absorbed.—Lessons: Separate as far as possible the healthy from infected individuals; 2nd, thoroughly ventilate the room where patient and nurse may from necessity be confined.

## SOCIETY REPORTS.

### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD APRIL 7th, 1882.

DR. I. EDMONDSON ATKINSON,  
President, in the Chair.

(Specially reported for the Maryland Medical Journal).

CANCER OF PYLORUS WITH SECONDARY DEPOSITS ELSEWHERE.—*Dr. Michael* exhibited the specimens, obtained from a woman, who had constant vomiting, epigastric pain and a lump to the right of the umbilicus. The vomited matters showed the cancer cells. The disease was very rapid, the patient dying three months after the appearance of symptoms. Secondary deposits were found in abdominal and pelvic organs.



#### COLOTOMY FOR CANCER OF RECTUM.

—*Dr. Tiffany* reported a case in a man, æt. 64. Last summer a year had trouble at fundament supposed to be piles. About 8 months ago came under Dr. T's care with deep ulcer involving anterior two-thirds of rectum, adherent to underlying tissues. There was bearing down and ill smelling discharge. Notwithstanding, patient was in good flesh. Palliative treatment—opium freely and keeping bowels open daily by injections, cream of tartar and sulphur—sufficed for six months. Three weeks ago bowel closed and patient began to swell. Colotomy was done by oblique incision on left side, and stitching descending colon to edges of wound. No fecal matter now passes per rectum. An oakum pad is kept applied over wound. The patient has done well. This was the third colotomy performed by Dr. T. for cancer; one with rectal cancer lived fifteen months after operation, the other with supposed omental cancer impacted in pelvis (no *post-mortem* could be obtained) had great relief but something gave way fifteen days after operation and death ensued in a few hours.

**SCIATICA RELIEVED BY STRETCHING SCIATIC.**—*Dr. Chambers* spoke of an obstinate case of sciatica in the City Hospital for two months, which was relieved by moderately stretching the sciatic nerve, by flexing the limb over the head till it ceased considerable pain, after Billroth's method. There was no pain twenty-four hours after, and Dr. C. thought this treatment as good at least as the hypodermic syringe. He would repeat if necessary.

**HYPERTROPHIED SPLEEN FROM CASE OF LEUKEMIA**—*The President* exhibited the specimen, obtained from a boy 6½ years old who had been ill for five months. The symptoms were chalky pallor, dyspnoea, rapid pulse, enlarged abdomen, anasarca, prostration, fretfulness and tendency to sleep. The temperature did not exceed 100°. Large doses of iron seemed to produce some improvement, but this was succeeded by relapse followed by death from pure asthenia. When first seen there was deep ulceration of the buccal mucous membrane, which healed under local

astringent treatment. Quinine had no effect on the case. The patient had never had malarial trouble; digestion was fair; there was slight general enlargement of the lymphatic glands; there was nothing wrong about the kidneys. A complete *post mortem* was not allowed, but permission was given to remove the spleen and to inspect the liver which was also enlarged. The spleen was of a brownish-red appearance with little white spots over the surface, corresponding probably with the malpighian bodies; it weighed 15 ounces. A microscopic examination made by Dr. Bermann confirmed the diagnosis of leucocythemia.

*Dr. Bevan* then read a paper on EXCISION OF THE INITIAL LESION IN SYPHILIS (published in the present issue of the Journal).

The *President* made the following remarks upon the subject: One reason why excision had not been generally adopted was that it was opposed to our ideas of the pathology of the disease, according to which infection was instantaneous on exposure. Auspitz and Unna have practised it in 32 cases with 14 successes; Shadinsky in 175, with 75 successes; Sigmund, himself a dualist, often. The speaker had always believed that the syphilitic lesion began as a local sore and that if the virus could be prevented from entering the lymphatic channels the disease could be arrested. It is only when the virus has entered the lymphatics that the disease has become general. The period of incubation is the time required for the poison to get into the system, and not the time during which it is hatching in the system. Hydrophobia illustrates the implantation of a virus, which lies dormant in the tissues.

Excision had been practised frequently in France, but in every case without success, although it had been done as early as 48 hours after infection. Yet Auspitz and Unna excised successfully several days after infection, even when the glands were enlarged; how this could have occurred was a mystery. The speaker had many records of chancres at the verge of the prepuce. There is a great tendency of simple chancres (chancroids) in this situation to become

indurated, which is due to the formation of cracks followed by effusion, and inflammatory induration, from drawing back the prepuce. He was unable always to tell the difference between this inflammatory induration and the specific form. Negroes have more often enlarged glands than whites, and this may be a source of error.

Dr. White, of Philadelphia, was the only surgeon in this country who had, to the author's knowledge at least reported successful cases of excision. It is taught almost universally in this country that chancre is evidence of constitutional infection. With such a preconceived view, no one is likely to practice excision.

Dr. Bevan had also noticed the proneness to enlarged glands in the negro. He had removed the chancres in the negro as soon as seen and before induration had appeared. In all his cases the chancres were single. His failures from excision were at least three times as many as his successes. He thought many of these might be due to bad situation and too long duration, but he had failed even in some favorable cases.

## BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD MARCH 27TH, 1882.

Christopher Johnston, M. D., President in the Chair.

(Specially Reported for the Maryland Med. Journal)

The Association met at the Medical Hall, at 8 35 P. M., present 18 members. After the dispatch of routine business Dr. Taneyhill drew attention to BICARBONATE OF SODA IN SATURATED SOLUTION AS A LOCAL APPLICATION IN TREATING BURNS.

A servant girl's clothes took fire yesterday from a range near which she was sitting. In her fright she ran up stairs which so fanned the flames that her clothes were entirely burned off her, except her shoes and a part of her stockings, and her body was severely burnt from her head

downwards. Large patches of skin came away with the burnt clothes, leaving the surface denuded. Upon reaching the case shortly after the accident he ordered 3 to 4 lbs. of the bicarbonate of soda to be procured at once and a quantity of cotton batting. A bucketful of the saturated solution of the soda was prepared, and the cotton soaked in this was applied around the limbs and over the body, so that the patient was completely enveloped in it. Her extreme suffering was allayed by this, and in 32 minutes from the time of its application she was perfectly easy. Two and a half hours after the burning she was given a large dram of whiskey (3iv) and this was followed by opiates at intervals. The relief has continued to the present time; the patient is perfectly well and has a good appetite. The above method of treatment originated with Dr. Peppercorne, of England.

Dr. Ellis has used a *strong* solution of the same agent in the treatment of a man terribly burned about the face and body by the explosion of a bomb shell at Fort McHenry. Every time the solution was applied it caused so much pain on the surface denuded of skin that the patient finally refused to use it and carron oil had to be substituted. In this patient the cloths were removed several times during the alkaline treatment because they became dry and uncomfortable and the patient complained greatly of them. In a case occurring subsequent to this, the same unpleasant results accompanied the use of the soda solution.

Dr Morris in treating burns, first gives an anodyne to relieve the pain of dressing. He prefers Labarraque's solution as a local application, (3i to the pint with two or three grains of morphia added) believing this to have anodyne effects. His preceptor Dr. Hintze treated a little girl by enveloping her body in bran; she recovered. This was one of the worst cases he



ever saw. In selecting a dressing the grand point is to use one which does not require a change.

*Dr. Taneyhill* said that the cotton in his case had not been removed and he did not propose to remove it for 7 or 8 days, smell or no smell. All that was necessary was to open it a little here and there and pour in the solution, thus keeping it saturated with it.

*Dr. Stuart* had experienced perfect comfort from the saturated solution of bicarb. soda in the case of a severe burn of his own hand and had had equal success since in several minor cases.

*Dr. Uhler* drew attention to the fact that the carbonate of soda is a caustic and that specimens of the bicarbonate differ in solubility.

*The President's* experience was that the saturated solution of the bicarbonate of soda on cotton, and applied hot was very soothing. He had not used it however in very extensive burns such as *Dr. Taneyhill's*.

PREVENTION OF THE NAUSEA FOLLOWING THE USE OF MORPHIA. *Dr. Stuart* reported a case in which a patient was always nauseated by the use of morphia but who could take it in combination with gentian without any such effect. Repeated trials demonstrated the accuracy of this observation.

*The President* had received from *Dr. Brown-Sequard* a formula, consisting of one-tenth grain morphia and one-sixtieth grain atropia; but upon using this the atropic symptoms proved so disagreeable that he abandoned it preferring to have the nausea.

*Dr. Ellis* used a little bismuth with the morphia to prevent the nausea.

*Dr. Dickson* found a combination with quinia an effective corrective.

PERSISTENT HICCUGH.—*Dr. Taneyhill* reported a case of hiccough now in the 9th day. The patient, a heavy man, began with symptoms of ordinary indigestion. Bromide of potash,

chloral, morphia by mouth and hypodermically, musk, ether, belladonna, and standing the patient up and making him stretch the muscles attached to the ribs, had all been faithfully tried with but temporary relief.

*Dr. Uhler* said a simple lump of white sugar will often relieve mild cases. A mixture of hydrate of chloral, bromide of potassium and morphia administered per rectum, and cold to the epigastrium, were also recommended.

*Dr. Price* had seen a case similar to that related relieved by Squibb's Fluid Extract of Cannabis Indica, in 8 to 10 drop doses every four hours; the 4th dose relieved.

*Dr. Sellman* had seen a case in a milkman, of 10 days duration relieved by creasote and borax.

*Dr. King* had seen a case similar to that reported relieved by drachm doses of sulphuric ether.

*Dr. Dickson* had relieved a case by tinct. assafoetida and brandy toddy after the failure of other remedies.

*Dr. Stuart* had been successful in the case of an old gentleman with fluid extract of sumbul.

*Dr. Morris* said that drachm doses of the same with Hoffman's anodyne had relieved the only severe case. he had seen.

*The President* pointed out that the affection had not an invariable pathology; for instance, it might be due to hysteria, ulcer of the stomach, gastritis, some trouble in the nerve centres, etc. Nitrate of silver in solution was an appropriate remedy in some cases, whilst the oxalate of cerium, one to three grain doses, and subnitrate of bismuth, 20 to 30 grain doses, were useful agents in many cases. We were doubtless all familiar in our childhood with the relief given through the effect upon the emotions caused by the cook's threat of fire. *The President* alluded to a case which came under the care of *Dr. May*, of Washington, in which

a patient suffered for 16 days from hiccough for which he could get no relief although many medical gentlemen were called in and numerous remedies tried. Finally a professional gentleman from the rural districts proposed prune juice and this gave immediate relief. Dr. May had tried this agent in many cases subsequently but had invariably failed to derive any benefit from it, leading to the inference that some of the remedies previously given to his former patient began to take effect just at the time the prune juice was administered.

INCISED WOUND TWENTY-NINE INCHES LONG.—*The President* read a letter from a physician in the west, a former pupil, recalling the fact of the former having alluded in his lectures to the case of John Bell in which an incision two feet in length was made in taking up the gluteal artery on account of an aneurism of that vessel, as the longest wound made by a surgeon on record. The letter then stated that the writer had just met with a case in which a wound was inflicted upon a negro with a razor which extended from the vicinity of the left shoulder to beneath the left nipple—a distance of 29 inches.

The discussion of the appointed subject, IS CONSUMPTION CONTAGIOUS? was opened by *Dr. J. T. King* (whose paper we publish in this issue).

*Dr. Jos. T. Smith*, questioned the statement that confinement and overwork were alone incapable of inducing consumption, and referred to the case of a lady with a good family history and in good health who acquired the disease from mental and physical exhaustion and overwork; at least there was nothing else in the case to which he could attribute it.

*Dr. Price* said contagiousness of a disease was generally a thing which was apparent and did not require discussion. The proportion of those said to have incurred consumption by contagion is nil in comparison with

the entire number of consumptives. He referred also to the well-known tendency of women to transmit peculiarities of their first husband to children by subsequent husbands. He quoted statistics of *Dr. Cotton* of the Brompton hospital, to show that the nurses and attendants in that institution are not more liable to the disease than other persons.

*Dr. King* replied to this that in the hospital mentioned every possible precaution is taken to prevent communication; proper ventilation is enforced and separation of the nurses from the patients as far as possible. This is a very different thing from a wife sleeping with her consumptive husband in a room insufficiently ventilated.

*Dr. Dickson* had known several cases of men with chronic phthisis who had lost two or three wives of consumption although the latter were healthy at the time of marriage and had good family histories. One such person buried two wives and eight children all from consumption, he himself escaping all his lung trouble and dying at 72 of paralysis.

*Dr. Morris* pointed out the singular circumstances that in such cases the husbands improve in health whilst the wives succumb to their disease. A gentleman with phthisis lost two wives, and married his third; he then died and his third wife got in bad health, but she is still living and it looked as though she had escaped from the clutches of the disease.

## BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD MARCH 21ST,  
1882.

DR. J. Carey Thomas, President,  
in the Chair.

(Specially Reported for the *Maryland Medical Journal*).



PRESIDENT'S REMARKS.—On assuming the Chair the President made the following remarks:

Gentlemen of the Academy of Medicine: In assuming the duties of President of the Academy, with which you have honored me for the fifth year of its existence, I must claim the same indulgence which has been so kindly extended to my predecessors in office. The object of the Academy, which has been laid down in our Constitution to be "the acquisition of knowledge, and the cultivation of professional intercourse," has, I think, been greatly promoted by the meetings and work of the Academy. It will give me great pleasure to do all that lies in my power to further such excellent and desirable ends. The profession in Baltimore was never more alive than at present to the necessity of pursuing medical research and promoting, by the establishment of dispensaries and clinics of various descriptions, the needs of the sick poor. Such a disposition will doubtless lead to the thoughtful consideration of the mutual relations of the profession and the public, and the great importance, whilst doing all that can be done to assist those who are in real necessity of gratuitous service, of preventing the pauperization of those who should seek the physician's office rather than the free dispensary. In the free interchange of sentiments which our organization happily permits, many important subjects of interest as well as special application to the prevention, treatment and cure of disease, have from meeting to meeting claimed the attention of the Academy. I trust that in the year that is before us, every member may be ready to contribute, whether in a methodical and careful way, as he may have time, or by the spontaneous and familiar expression of the results of his experience and practice, whatever he can to make our meetings the profitable and pleasant

occasions they have been in the past. Again thanking you for your kindness and confidence, I heartily wish continued success to the Academy of Medicine.

#### OPERATION FOR PROCIDENTIA UTERI.

—*Dr. H. P. C. Wilson* reported the case of a woman, *æt.* 42, who suffered from a procidencia uteri, the uterus hanging between the labia. She was the mother of six children. There was hypertrophic elongation of the anterior lip of the cervix, so that the os uteri resembled a hog's snout. There had previously been a laceration of the perineum, up to but not through the sphincter. The cervix was amputated with the thermo-cautery without the loss of a drop of blood. This was followed by a wonderful contraction and retraction of the organ. The perineum was closed with seven or eight sutures. Chloroform was used. It is necessary, after these operations, to use some pessary, for the whole womb is enlarged as well as the cervix, but usually the speaker had been able to dispense with it after awhile.

#### EMBOLISM OF RETINAL ARTERY.

—*Dr. Chisolm* reported the case of a patient who suddenly became blind in one eye. The eye looked normal, except that the arteries had disappeared and small hemorrhages were visible at the fovea centralis under the ophthalmoscope. Embolism of the retinal artery was diagnosed. The entire artery seemed to be plugged. Vision has slightly improved within a week from the occurrence of the symptom.

#### ETIOLOGY OF SCARLATINA.—

*Dr. Powell* reported an outbreak of scarlatina which had been observed by him at one of the summer resorts, and which was traced to a child wearing a sack which it had worn twelve months before during an attack of scarlatina. It had not worn the sack during the interval. The garment had been disinfected;

*Dr. McKew* reported the case of a girl at a boarding school in the country, who received a letter from a house in the city where there was scarlatina; twelve days after she was taken ill with the disease. —There had been none of it at the school or in the vicinity.

*Dr. Uhler* many years ago sat up with a corpse dead of scarlatina. During the night he wrote a letter to a sister in Lutherville. Within two weeks she had the disease, which had not prevailed in the village.

*Dr. Stuart* had found portions of desquamated skin in the books used by school children, and had pointed out the fact to the teachers and gotten an order to have such books destroyed. He referred to a case in which a trunk of clothes was sent West from a house where scarlatina prevailed. Ten days after its arrival all the children in the household were taken ill with scarlatina and two of them died. The clothes were said to have been disinfected according to the directions of a physician.

STATED MEETING HELD DEC. 20TH.

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SOME NOTES ON VACCINATION IN-  
OCULATION AND SMALL POX.

*Dr. McSherry* read a paper on this subject (published in Maryland Medical Journal, January 1, 1882).

*Dr. Stuart* referred to a case reported by his father Dr. Richard S. Stuart, in which a child was born with pustules over its body and died on the 4th or 5th day of small pox, the mother having been attacked two weeks before parturition with this disease.

*Dr. Williams* said that access of air was not essential to suppuration. Marking takes place in small pox whenever the eruption extends below the cutis vera. In regard to the trouble following vaccination, he believed it was all due to the condition of the patient's constitution. In a

school in this city he vaccinated several persons among others the house-keeper; she had bad erysipelas and came near losing her arm, the others had no trouble. The scab was not to blame here. He preferred and still used the scab in vaccinating. The ivory points containing the bovine matter had failed signally in his hands. He saw no objection to the points containing blood; the use of defibrinated blood as a remedy is a fashionable practice at this time.

*Dr. H. P. C. Wilson* also preferred the scab.

*Dr. Stuart* believed the pitting in small pox to be due to the scab, and he therefore has the matter washed away as fast as it forms with bromochloralum, glycerine and water. He referred to a very beautiful girl thus treated in a case of confluent small-pox without any subsequent pitting. *Dr. Stuart* reported that there were at this date but three cases of small-pox in the city. Thirty one cases in all had been reported to the Health Department. Of these 10 had died. Of the sixteen removed to the pest hospital five had died. In every case of death there was no evidence of vaccination at all. In all the others the mark was imperfect indicating an imperfect vaccination or else vaccination done at a remote period. No unprotected person can come into any proximity to the disease without contracting it. Such persons are in precisely the same condition as were people before the discovery of vaccination.

*Dr. Williams* asked why there should be such delay in the development of the vesicle after the use of bovine virus. In the use of the human virus the vesicle ripened between the 5th and 14th days whereas in the other form it does not mature until the 14th day.

*Dr. Morris* had known the bovine form to delay for several weeks.

*Dr. Chew* found it to develop in one week.



## EDITORIAL.

**LATE MEETING OF THE STATE FACULTY.**—In our last issue, delayed several days for this purpose, we gave a very full report of the late annual convention of the Medical and Chirurgical Faculty of Maryland. The eclat and interest of this meeting have been most noticeable and cannot but gratify every true friend of progress in the Maryland profession. To speak of the meeting as a success is only to do it bare justice. Not that every paper and report reached the highest standard of scientific excellence, but that taken as a whole they rose above the average of the annual contributions, whilst one contribution is of such surpassing value and merit that it alone would give respectability to the volume of Transactions. We refer of course to Prof. Martin's remarkable researches upon the isolated heart. We cannot dwell upon all the important features of this meeting, but we were impressed with the conservatism that seemed to hover like a protecting deity over the deliberations; with the devotion to true science that made men forget the prejudices of the past when worshipping at her shrine, and with the vigor, enthusiasm and energy that cropped out here and there, pointing to such possibilities in the future. The hearty interest shown in the growth and prosperity of the library was a most gratifying feature of the meeting and the admirable plan proposed by the Library Building Committee for securing, at no very distant day let us hope, a building of our own, deserves a cordial acceptance. The good effects of this convention will accompany us through the coming year and will do much towards consolidating and perfecting the work and influence of the Maryland profession. None of our meetings have had so extensive and early notices as this; within a week not only the Journal of our own State but the leading weeklies of New York and Philadelphia contained lengthy and elaborate reports of it. It only remains now for the publication committee to do its duty and put the Transactions at once into the hands of a competent and energetic publishing firm. The volume should be ready for mailing within thirty days.

**CHEAP MEDICAL LITERATURE.**—

The thought has frequently occurred to us, and must have occurred to others, how desirable it is that we should have a cheap medical literature; something in paper backs to correspond with the works of the poets, historians, and fiction writers, that we find in every book-store. The need becomes more conspicuous as the issue of new editions of the standard authors becomes more and more frequent. A book by Bartholow, Flint or Thomas which appears today is displaced a year hence by another edition containing much new matter that we desire to have access to, yet cannot afford to purchase in its expensive cloth or leather binding. An attempt has recently been made in New York to meet the want alluded to, but scarcely had the notice of it appeared when the great publishing houses of New York and Philadelphia announced the same class of works at a much lower figure, in fact at what must be less than cost. The object of this consentaneous move on the part of those otherwise in a constant attitude of rivalry and opposition cannot be doubted, but that it will fail on that account to meet with the patronage of the profession we cannot venture to expect. However the present attempt to supply us with a cheap medical literature may terminate the time cannot be far off when we must have it, because it has become a *necessity of the reading medical public.*

**EPIDEMIC OF DIPHTHERIA IN FREDERICK CITY.**—The results of the investigations of Dr. Charles W. Chancellor into the circumstances connected with the epidemic of diphtheria which prevailed in Frederick city, Maryland, for more than five months, commencing in August, 1881, have been embodied in the form of a report of some sixty pages which lies before us. The insight which this report gives into the sanitary condition of the place is shocking in the extreme. Through the very centre of the town flows a small stream into which empties the refuse from numerous slaughter houses, tan-yards, glue and soap factories, sewers, priv-

ies, etc., the whole being retained in this situation by a dam just below. Thus the inhabitants are constantly exposed to the emanations of a great cess-pool the stench of which is said at times to be intolerable. Then many of the privies were found to be overflowing, whilst the soil was saturated with excreta from the custom in vogue of covering up the pits and digging new ones on the premises rather than bear the expense of having them emptied. Foul pig-styes, accommodating 1,300 hogs, numerous grave yards, defective sewers, gutters and culverts, and an insufficient and impure water supply complete the interesting picture, which we apprehend is by no means solitary in country towns. Indeed have we not in our own city some striking points of resemblance—compensated for, however, by the measures already instituted for their removal? What steps, if any, have been taken to withdraw the standing invitation to epidemics in Frederick, we are not informed.

The mortality of the late epidemic is supposed to have been 100, representing a total number of cases estimated at 800.

The Secretary attributes its production to filth, plus some particular poison or germ. He enters into an elaborate disquisition of the nature of contagion and infection, and concludes that the evidence against contagiousness of the disease in this instance was irresistible. The testimony of the physicians of Frederick shows that they do not share in this opinion, which is also negated by accumulated experience and by the recent investigations of Drs. Wood and Formad. It is hard to see how a disease which depends upon the presence of a "germ" can fail to be contagious.

The recommendations of the Secretary embrace the introduction of a system of sewerage—the separate system as found in Memphis being

strongly urged—a better water supply, and general attention to the sanitary surroundings of the place. A very interesting report from Professor Tonry on the water supply; also interviews with the physicians of Frederick are included in the pamphlet. We regret to see that the physicians declined to co-operate with Dr. Chancellor in his highly useful and important labors.

GOING THE ROUNDS.—About five months ago the writer in preparing a review of the Trans. of the Mississippi Medical Association, 1881, made a brief abstract of a paper by Dr. F. E. Daniel, of Jackson, on the "Fiddle String as a Bougie," which was published in the miscellany department of this journal. This little abstract has been republished again and again in the medical periodicals of this country and Europe, probably in twenty altogether, and it is somewhat singular to observe the variety of sources to which it is attributed. In one journal out West it actually appeared as an original contribution over the initials of some plagiarist. These facts suggest an inquiry as to what amount of credit is due to the journal which first publishes an abstract. Those who have experience in such work know the time and pains which are required to do it well, and both courtesy and justice would seem to demand that these should not be ignored. Certain it is that in the above instance the article would not have obtained such a circulation except for our instrumentality.

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#### MISCELLANY.

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ENUCLEATING AXILLARY GLANDS WITH SCISSORIOUS MAMMÆ.—*Mr. A. Pearce Gould, M. S. Asst Surgeon to Westminster Hospital (Lancet, April, 8), holds the following views: That in all cases where the mamma is am-*



puted for cancer, the surgeon should remove also the axillary lymphatic glands, and that whether these glands are obviously enlarged from secondary cancerous growth or not. When the glands are freely movable it is easy to enucleate them, but when firmly fixed down to the chest wall it is impossible to remove the whole of the diseased structures without serious risk or even the certainty of fatal injuries to the thoracic cavity. By drawing the arm well away from the side and prolonging the mammary incision outwards the axilla is easily exposed. The dangers are the primary ones of wound of the large blood-vessels and nerves and wound of the pleural cavity. As the former are very constant in position the surgeon always knows where his danger lies and even when the growths are adherent to these parts he can often by slow and very careful dissection separate them without wounding either vessel or nerve. One common way—although only a “surgical make shift”—of avoiding the danger of hemorrhage is to separate the mass except at the end next to the vessels to throw a strong ligature around the pedicle and cut away on the distal side of the ligature. Suppuration in the axilla and thrombosis of the axillary vein have not occurred in the author's experience and the wound heals well on putting a drain into the cavity, applying padding to keep the walls in apposition and keeping the arm fixed to the side. There is often an interval of many months between the discovery of cancerous infection of axillary glands and signs of internal cancer. Out of 93 cases tabulated by Oldekop and Winiwarter in which diseased glands were removed, the mean subsequent life was 39.3 months, and Gross states that in as many as one third of the cases submitted to a complete operation, *i. e.*, cleaning out the axilla, no recurrence was observed up to so long as six years afterwards.

Even when not obviously enlarged the glands may be the seat of commencing disease, as the author has personally verified. In this case the removal is a very simple measure, a very small extension of the wound allowing the finger to be passed into the axillary space, with which the glands can be readily enucleated without danger to nerves, vessels, or pleura; or better a careful dissection of the axilla may be made. The author's conclusion therefore is that “it is advisable to remove the axillary glands in all cases of cancer of the breast submitted to operation.”

SCHOOL OF DENTAL SURGERY OF THE UNIVERSITY OF MARYLAND, FACULTY OF PHYSIC.—The Faculty of Physic of the University of Maryland, acting under the authority conferred by the Legislature at its late session, has instituted a school of Dental Surgery, and proposes to erect at once a two-story building on Greene street, adjoining the Medical College, sixty feet long and twenty-five feet wide, and affording all necessary facilities for laboratory and clinical work. Professors F. J. S. Gorgas and James H. Harris, late of the Baltimore Dental College, have been elected to the Chairs of Dentistry, and will constitute, with the present professors of Anatomy, Physiology, Materia Medica and Chemistry, the Dental Faculty.

ANTISEPTIC MIDWIFERY.—*Dr. Robt. Barnes*, in a paper, “On Antiseptic Midwifery and Septicemia in Midwifery” (*Amer. Jour. Obstetrics*, Jan., 1882), summarizes in the following rules: 1. Keep the door shut against the enemy by maintaining contraction of the uterus. 2. Prevent the enemy from forming and collecting by irritating the parturient canal with antiseptic fluids. 3. Eject the enemy as fast as he effects an entry; that is keep the excretory organs in activity.

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**BALTIMORE SEWERAGE.**—The joint committee of both branches of the City Council, to whom was referred this subject, have reported that the plan recommended by Mr. Latrobe shall be carried out. This contemplates the removal of the sewage with entire exclusion of surface, soil and yard water. Surface water is to be disposed of as hitherto, viz., over the ground and through the existing sewers, the topography of the city in many parts offering greater advantages for this method than is usually found in a city of its size. Baltimore is to be congratulated on having an engineer of the skill and experience of Mr. Latrobe to carry out a work that at this time is somewhat of a pioneer movement in its application to cities of its size and characteristics.—*Sanitary Engineer*, April 27.

**EXCISION OF CANCEROUS STRICTURE OF DESCENDING COLON BY LUMBAR COLOTOMY.**—Mr. Thomas Bryant (*Lancet*, April 1) reported the following case to the Royal Medical and Chirurgical Society: A lady, aged 50, with great feebleness and complete obstruction for eight weeks. The stricture could not be felt from below. The diseased segment of bowel was removed through the oblique incision made for left lumbar colotomy, by simply pulling it through the wound and stitching each portion of the bowel with its two orifices as divided to the lips of the wound. The stricture was annular and involved an inch of bowel. It barely admitted a No. 8 catheter. The author believed the operation applicable to not a few of the cases of stricture of the descending colon; in every such case the possibility of

being able to remove the diseased bowel should be considered, and the question of excision should be considered as soon as the diagnosis is made and before the patient's powers are too feeble to bear either excision or colotomy.

**RESECTION OF THE LUNG.**—Dr. Schmid (Berlin) has been experimenting on lung resection in dogs. He has cut out portions of the apices of the lungs of eight dogs, and so tenacious of life were the animals that only five of the eight died, one of acute carbolic acid poisoning, four of suppurative pleurisy. The operator naturally attributes these four deaths to the failure of his antiseptic methods, but does not explain why they failed, or speak of the extreme difficulty of maintaining antiseptics in an extensive wound of the lung. Although he has clearly proved that a certain number of dogs may survive the operation, we cannot think it probable that resection of portions of the lung will become a recognized operation in the immediate future. The depth of the human lung, its vascular and nervous relations, the difficulty of arresting hemorrhage on its cut surface, the frequency with which adhesions of the pleura are met with and must be torn asunder, are sufficient to appal the courage of the stoutest surgical heart.—*Centralb f. Chirurgie*, No. 44, and *Practitioner*, Feb., 1882.

**SOCIETY BULLETIN.**—*Acad. of Med.* will meet Tuesday, May 16th, 8½ P. M. *Med. Ass'n* will meet Monday, May 8th, 8½ P. M., Dr. W. A. B. Sellman, "Can Uterine Affections be Successfully Treated by General Practitioners of Medicine?" *Clin. Soc.* will meet Friday, May 5th, 8 P. M., Dr. S. C. Chew, "Clinical Uses of Digitalis." *Med. and Surg. Soc.* meets every Wednesday, 8½ P. M. *Med. and Chir. Fac. of Md* meets in Special Session, Tuesday May 9th, 12 M.



## OBITUARY.

DEATH OF DR. WILSON GRAY REGESTER.—To many of those who attended the late meeting of the Medical and Chirurgical Faculty of Maryland, and there saw Dr. Regester discharging the duties of recording secretary, it must have been a great shock to learn of his sudden decease on the 22nd of April, but three days after the close of that meeting. He died of heart disease, from which he had suffered for six months or more, with—it is supposed—some renal complication. Dr. Regester was born in Virginia in 1845, received his academic education at Roanoke College, and obtained his medical degree from Washington University of Baltimore in 1869. An *ad eundem* degree was subsequently conferred upon him by the University of Maryland. Dr. Regester's amiability, unselfishness and Christian virtues and the faithfulness with which he discharged the onerous duties of State vaccine physician, during a most trying period, won for him the affection and esteem of all who knew him. Nothing could better illustrate his popularity and the deep feeling excited among his professional brethren by his death than the proceedings of the various societies, of which he was a member, held to do honor to his memory. His was indeed a useful life and his loss will be sorely felt.

## MEDICAL ITEMS.

PROF. SAMUEL D. GROSS has resigned the Chair of Surgery in Jefferson Medical College, and Drs. S. W. Gross and J. H. Brinton have been appointed his successors.—The Hospital for the Women of Maryland of the City of Baltimore has been located at No. 25 McCulloh Street.—Dr. John S. Lynch has been appointed Professor of Principles and Practice of Medicine in the Woman's Medical College of Baltimore.—Five

women were recently rejected as candidates for membership in the Philadelphia County Medical Society notwithstanding a previous decision by the society that women should be eligible upon the same conditions as men.—Owing to a disagreement with the Faculty of the University of New York, the post-graduate Faculty, Drs. Roosa, Hammond, Gouley, Pallen, Sturgis, Piffard, Stephen Smith and Little, have withdrawn from that institution.—Sir Wm. Jenner has been reelected President of the Royal College of Physicians.—Dr. H. Knapp has been elected Professor of Ophthalmology in the University of New York, vice Roosa resigned.—Dr. G. Lane Taneyhill has been appointed recording secretary of the Medical and Chirurgical Faculty of Maryland, by the executive committee, vice Dr. Regester, deceased. Dr. Robert T. Wilson has been appointed assistant secretary.—The College of Physicians, of Philadelphia, has established a Directory for Nurses.—Keith denies that he used sprays one-tenth stronger than Lister's five p. c. solution. Since giving up the spray he has had but one death in fifty ovariectomies.—Charles Robert Darwin, the celebrated English scientist, died April 20.—The *N. Y. Med. Record* enjoys the distinction of being the only journal that approves of the New York Code.—Dr. Cornil has been elected to the Chair of Path. Anatomy, vacated by Charcot.—Excision of the cancerous pylorus was done in Manchester, April 5th, by Mr. Southam. The patient died fourteen hours after, suddenly, apparently from collapse, but the operator believed from "acute septicæmia."—Of 34 samples of "coffee" analysed in London, 2 only contained 100 per cent. of genuine coffee, 32 containing from 7 to 68 per cent. mixed with chicory, "finings," dates, dandelion and other vegetable matters.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

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EDITORS:

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BALTIMORE, MAY 15, 1882.

VOL. IX, No. 2.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### PATHOGENIC ADMONITIONS IN PRACTICE.

BY GEO. HALSTED BOYLAND, A. M., M.  
D., ETC.

(Read before Balto. Academy of Medicine May 2nd,  
1882.)

Mr. President and gentlemen of the Academy:

When invited by a member of the Executive Committee to present a paper to the Academy of Medicine, my acceptance of the compliment was prompt, but not without a certain hesitancy always felt in addressing a body of strictly professional men upon a purely scientific subject. It will be unnecessary therefore, to bespeak your indulgence which is taken as granted already.

A few years of the practice of medicine do not fail to impress upon the mind of the observer the great differences existing between the origin and development of diseases as he sees them at the bedside and their pathogeny as described in works on clinical medicine. Diseases are classed as

congenitious which close study shows to be essentially remote from one another in a pathogenic as well as a pathological point of view, whilst in those presenting real differences many points of resemblance are found; not losing sight of the fact that a chain of isolated symptoms, almost every link being taken from a different malady, is occasionally forged to make a morbid process not included as such in pathology at all. An excellent illustration of a part of our proposition is the relation existing between certain suppurative fevers; febris hectica, état hectique and pyæmia, pyohæmia, being considered by the majority of authors two to be distinct pathological processes. Taking abscess and embolus as the distinguishing traits in these two affections, we are to hold that as long as a suppurative fever may last, provided the pus be not resorbed into the blood, rolled along its circulation and deposited metastatically, in the absence of embolism, there is no pyæmia. On the other hand, in cases of phlegmon or hot abscess accompanied by primary fever, the secondary or suppurative



fever only develops after the abscess is opened and for that reason must be due to the resorption of pus into the blood. This distinction, sharply drawn by Wagner in his work on *Allgemeine Pathologie*, is also sustained in the Archives of Virchow, who may be considered as the representative of the German school. The same obtains at Paris and has found practical expression in some of our English text books. We are, then, to make two diseases out of one, two diseases bearing the same relation to each other that varioloid bears to variola; the main pathological difference between these being the secondary suppurative fever. The analogy holds and justifies as well a pyoid or pyæmoid fever, as a milder type of pyæmia because to our mind these two conditions are so intimately connected with suppuration that it is impossible to separate them from it. Cohnheim contends for the identity of white blood corpuscles and purulent globules, whilst Neumann demonstrates by his experiments upon the purulent secretion from blistering a leucocythæmic patient, that the abnormal characters of colorless blood corpuscles are not endowed with the special qualities of pus globules. It will not be necessary for our purpose, to go beyond a knowledge of the physical laws of imbibition, of osmosis and the diffusion of liquids upon organic membranes; however, of the two opinions, Cohnheim's seems to be strengthened by the lympho-serous discharge which ushers in suppuration in open wounds. It is sufficient, that these leucocytes transmigrating in great numbers the vascular walls and acquiring amœboid movements soon bring about a condition that may be clinically regarded as a general and considerable infiltration of pus without reference to any special organ; occurring as well when suppuration is exposed to the air as during suppuration by occlusion; great

extent and long duration of pus flow being the principal factors in causation, more especially, doubtless, in subjects of low constitutional habit. As the weakness of the patient increases emaciation becomes marked with a repetition of the chills, sometimes rigors, that occur at the beginning of suppuration, the pulse quickens, cheeks and hands become hot, the former assuming the bright red color characteristic of the hectic state. The urine throws down a whitish sediment, which chemical analysis will generally show to consist of the phosphate of ammonia-magnesia. Then appear the exacerbations of fever in the evening, night sweats, diarrhœa, œdema of the feet; and in aggravated cases, ascites or hydrothorax; empyema being usually considered a cause rather than a consequence of hectic fever. The blood which suffers most and directly from this combination of pathological events becomes at last entirely useless for purposes of nutrition and the patient's condition is now more aptly designated by the synonym *febris consumtiva*. Stopping here there is hectic fever, going on there is next a thrombus, then an embolus, then a metastatic abscess and pyæmia is complete. Pursuing the line of morbid development still farther we arrive finally at an adynamic typhoid condition. This is still more marked in septicæmia, a disease almost always classified with pyæmia and traced to the same origin—suppuration. But clinical observation has repeatedly proven that in a large proportion, at least, of septicæmic cases, suppuration has nothing whatever to do with it, there being further neither thrombus nor consecutive embolic inflammation; the disease owing its origin, as the name indicates, to a sepsis in the form of putrid microzymes (whose exact nature is still a matter of biological research), being resorbed directly into the blood, just as we see parasites of

a somewhat similar character conveyed in effluvia from badly constructed drains and sinks, by means of the atmospheric air into the lungs; there to enter the circulation and develop a disease, which might be better designated than it is—typhoid fever. Typhoid fever and septicæmia having thus practically a common origin we find, as would be naturally expected, a marked resemblance in their symptoms and post-mortem appearances, so much so that septicæmia is very properly styled an adynamic typhoid fever. Prominent among the pathological anatomical data in not a few cases of septicæmia, are the intestinal catarrh with swelling of Peyer's patches and the mesenteric glands, small hæmorrhages of the serous as well as of the mucous membranes being also present. In some cases of pneumonia there is likewise an adynamic typhoid fever not unlike that in septicæmia, either as to origin or development. In phthisis the typhoid condition is also sometimes met with and so in other diseases. But when we come to therapeutics there is no hesitation. The therapy of these conditions being generally represented by antipyretics, quinine, stimulants and disinfectants; and thus we might easily drift out on a sea of generalities, with nothing to guide us but empiricism. Hectic fever, a secondary suppurative fever, produced by an abscess is not pyæmia until it in turn produces abscess, but typhoid is typhus because in half a dozen different diseases these are subjective appearances which some pathologists refer back to their so-called prototypes, typhus and typhoid fever; when it is by these very typhoid conditions that what for want of a better name have been designated as pathogenic border lines can be most clearly marked out.

Truly, after theology, medicine contains the most surprising things, none more so than to see a goodly

number of physicians after more than half a century of attentive observations, studies and manifold experiments, confound under the same denomination typhus and typhoid fever, more properly called by Broussais gastro-enteritis; or at most, establish between the two diseases but a slight difference in form. In late numbers of the "*Revue des Sciences Médicales*," which will be found on file at the Johns Hopkins library, not only this will be affirmed, but a direct relation is sought between the two diseases. This ground is taken by Stokes also, who insists upon their identity.\*

Again, if we refer to the *Cyclopædia of Medicine* edited by Messieurs Littré et Robin in the article by Prof. Lebert, page 1577, the following words will be seen: "The affinity between typhoid and typhus is great; it is certain that several cases (of Lebert's) which at the beginning offered all the characteristics of the first affection passed little by little into the second. Moreover, he has seen two varieties, typhus and typhoid fever arise from the same localities. My own experience of typhus fever does not extend beyond ten or a dozen cases, seen during the siege of Metz and a few more, four years later at the Leipzig General Hospital, whilst opportunities for observing typhoid fever are quite common. My material, however, was sufficient to demonstrate conclusively to me at least, the fundamental distinction existing between the two diseases. As regards the onset, typhus appeared almost always abruptly, an-

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\*Dr. McSherry in his report of "Section on practice of medicine," published in the *Medical and Chirurgical Transactions*, 1881, writes: "We all see low fevers which are not typically typhoid, typhus, typho-malarial nor merely malarial of low type, and although the extreme types of each are plain enough, there are in many instances gradations between them that are best expressed by Dr. Chambers' scarcely recognized term *typh-fevers*."



nounced by a violent rigor; whilst the debut of typhoid fever, as I have seen it, has uniformly been insidious; the patient complaining of headache, formications and malaise for days beforehand and gradually falling within the grip of the disease. In the symptomatology nearly all the phenomena are different; we observe in typhus neither epistaxis, nor dicrotous pulse, nor gurgling in the iliac fossa, nor meteorism. Like typhoid fever, typhus is marked at the commencement by the appearance of roseate papulæ; but whilst these spots are always few in typhoid fever and preserve always an exanthematic character, they are very numerous in typhus, often becoming confluent, transforming themselves into petechiæ or mingling with these assuming an ecchymotic type, hence the name petechial typhus. The course of typhus is such as might be expected from its abrupt development, that is to say, rapid; its average duration being from 12 to 14 days; everybody knows that the duration of a benign case of typhoid fever is at least 25 days.

As for ætiology, typhus is very contagious—typhoid but little or not at all. In the urine M. Masse, a French observer, tells us in his octavo on the subject, recently published by G. Masson, of Paris, of the discovery of a new characteristic, distinctive of the two maladies: Whilst nitric acid employed with certain precautions throws down in the test glass, in the form of a diaphragm, a brown precipitate in the urine of typhus patients, the same reactive employed in the same manner determined an indigo diaphragm in the urine of typhoid patients. This last named quality even distinguished, for the author, who only saw it fail once in twenty times, typhoid from all other fevers. This will indeed be a precious semeiotic conquest if confirmed by numerous experiments in

the clinic and at the bedside. The same author notes the presence of a considerable quantity of globulines in the blood of typhus patients, whilst they are wanting in that of those suffering from typhoid fever. This reference is given chiefly for the purpose of pointing out a field of investigation, cultivation of which may develop pathogenic differences still greater than those already existing between the two diseases.\* Finally, to complete the picture, not of all but of the principal differences which distinguish typhus from typhoid, should be mentioned, the anatomical lesion so universally and so justly considered as characteristic of typhoid fever: I refer to the grave alteration in the plaques of Peyer, the follicles of Brunner, and in the mesenteric ganglia (hence the name given by Petit and Serres—entero-mesenteric fever). These are absolutely wanting in typhus, where we find the sub-mucous tissue at most in a state of slight hyperæmia.

The absence of diarrhœa as a general rule and always of hæmorrhages from the bowels in typhus, the contrary being the case in some though by no means all cases of typhoid, will not be further dwelt upon, nor the total absence of eruption in some cases of typhoid.

Were the resemblance between measles and scarlet fever still greater than it really is, the fact would still remain—that infection with measles poison never produces scarlet fever—an incontestible proof of the non-identity of the two diseases; and so from patients affected with typhus *exanthematicus*, infection upon other individuals always *develops* exanthematic typhus unless they escape perchance altogether and never typhoid fever or abdominal typhus; a proof

\*My own examinations of the different urines showed urates and phosphates in both—no albumen in the typhoid cases—but in two fatal typhus cases there was albuminuria.

that these diseases likewise are not identical as to their being in spite of any resemblance that may be sought in their symptomatology.

Typhus owes its origin to depressing conditions generally, such as bad food, insufficient nourishment, crowding together of individuals, ill-ventilated and unclean rooms, hospitals and barracks, as instanced by our cases at Metz. Whilst those at Leipzig were received into the infectious diseases ward of the hospital, coming from a remote part of the city where, in addition to the ætiological factors already enumerated, were to be reckoned also those of dampness, low ground and want of sunlight. There were several other cases of typhus reported in the same locality that were not taken to the hospital. In both outbreaks the disease was epidemic—no typhoid was present or made its appearance during either, which would be evidence to controvert the assumption that they arise from the same locality. The cases of typhoid fever that I have seen have all been, without exception, sporadic and a study of the literature of the subject shows that epidemics of typhoid fever are the exception, but of typhus the rule. My cases of typhoid were all but one or two confined to people in very good circumstances, whilst those of typhus were in the first instance among the soldiers; in the second, among the lower classes of inhabitants of a large German city.

In the history of a disease all circumstances interest science equally, but there are two categories that interest us especially as physicians and the population; they are those that refer to prophylaxis and treatment. It is in these that consists, properly speaking, medicine which without them would be but a sinister curiosity. Given a miasm or ferment or parasite as the origin of a certain disease, will not the practice of the future, judging

by the past, be a prophylactic one or is the prevention of morbid process to remain forever an Utopia to the delight and profit of quacks and charlatans. The prophylaxis of the diseases under consideration must consist wholly in a knowledge of the immediate cause of the trouble or in default of the immediate cause, in a knowledge of the conditions in which the trouble develops itself. In typhus as in typhoid fever the immediate cause is suspected, it is not known. But we know some of its attributes and the conditions, many conditions, at least, if not all, in which the cause develops itself or acts virulently. Tracing the origin of disease then down to micro-organisms we can go no farther, and must leave science to solve the problem of the exact potency for harm of this or that agent. From a practical standpoint, and it is from such an one that the American physician regards everything, our prophylaxis is noted briefly: fresh air, ventilation, cleanliness of dwelling and person, proper food in sufficient quantities and at regular intervals, dryness of abode, sunlight, avoiding above all overcrowding, for typhus; for typhoid attention to the drainage by occasional flushing and keeping up a constant motion of the water, having the pipes and sinks in houses constructed in such a manner that all fluids will run off freely without leaving deposits inside and thus gradually causing a return of gas containing sulphuretted hydrogen and other poisonous elements; keeping the pipes constantly plugged when not in actual use and disinfecting them and the closets thoroughly. There is perhaps nothing that conduces more to the development of typhoid fever than bad plumbing and stationary washstands in sleeping apartments, many of which, in addition to these insuperable objections, are heated by flues from below, being



likewise without open fire-places and sometimes even without transoms. In the house of a family recently attended by myself, in which there had been typhoid fever, I found the open fire places walled up and the flue used instead, to say nothing of a foul odor from the drain pipes, hardly disguised by a lavish use of carbolic acid. With reference to treatment it is not within the scope of this paper to do more than touch upon it. We treated our cases at Metz with the wet sheet wrap and stimulants, principally the white wine of the Moselle, which never failed us, situated as we were on the banks of the river bearing that name and in the midst of a vine-growing district. Our supply of quinine had long since been exhausted upon our pyæmic and septicæmic patients, of which there were enormous numbers.\* We fed the typhus patients upon a tea made of horse flesh, for we were constrained to the necessity of eating our cavalry horses.† Notwithstanding the fact that in and around a city of 30,000 inhabitants were 170,000 troops with 40,000 wounded, but three of our typhus patients died and the rest did quite as well as did those seen a few years later at the Leipzig General Hospital, where they had the most skilled medical attendance and best nursing; one of these died, there were five in all. Autopsies were had in all these cases and nothing abnormal was found in the intestinal tract save a slight hyperæmic injection in two of the cases, of the submucous membrane. It may be worth while in this connection to mention Lebert's case. This observer upon one

occasion opened the body of a patient who had died during convalescence from typhus and found no lesion whatever of the intestinal mucous membrane.

Selmi of Bologna has given the name of "ptomaines" to alkaloids discovered and originating in putrefying dead bodies, four of which were obtained from liquids taken during life from a case of peritonitis, and of the four three were harmless while the fourth manifested the properties of curare. Sonnenschein's alkaloid (that resembling atropia) was found in the body of a subject dead of typhoid fever; and here the door is opened to chemical post-mortem research in a direction hitherto unexplored, which may result in making a still greater distinction between typhus and typhoid fever, if anything more is wanted. Time already forbids discussion of the different modes of death in the two diseases. Temperature must remain untouched upon also; not from any lack of due appreciation of its importance on the part of the writer, but his experience has led him to the belief that the remissions and exacerbations in pyæmia are no more characteristic in that disease than they are in typhoid fever, having observed remissions and exacerbations in nearly all cases of suppurative and eruptive fevers varying of course with the intensity of the constitutional disturbance; the pulse keeping to certain extent a rhythm with the rise and fall of temperature, although Sir William Jenner says upon this point: "In typhus the evening temperature is often slightly lower than that of the morning; in typhoid there is usually quite the reverse; the pulse rising and falling isochronous with the fever in typhus and acting independently of it in typhoid." If we now go back to the Greek to find a name *δοθην* and *ελτερον*—it does seem to me that there is no longer any reason for

\*Typhus patients assimilate beef tea very well, but in typhoid it sometimes causes irritation and is found afterwards in the dejecta undigested.

†The origin of these diseases having been traced to parasites, parasites having also been found in the stools, a parasiticide treatment both *per ore* and externally merits at least a fair trial.

confounding the two diseases or insisting upon their identity.

In the foregoing remarks, hectic fever, secondary suppurative fever and pyæmia would represent that class of diseases between which there should be no pathogenic borderline; there certainly is no borderline therapeutically; septicæmia for reasons above stated is congenous with typhoid fever, whilst nowhere in the whole domain of pathogeny, pathology or clinical medicine, would I draw such a bold black line as between typhus fever and gastro-enteritis.\* It has been my aim to present to you such resemblances and differences with reference to the diseases in question, as have been the result of personal observation and individual thought; it has, nevertheless, been impossible in a subject of this reach to avoid some reference to authority, which, however, has been as limited as circumstances permitted.

If any of you gentlemen will throw light upon these matters, my paper will not be in vain.

### CORRESPONDENCE.

*To the Editors of Md. Med. Journal:*

*Gentlemen.*—In the issue of your JOURNAL for March 15th, Dr. Gihon criticises my recent article on "State Regulation of Prostitution,"† and adduces statistics to prove the beneficial effects of such regulation in the

\*As to the so-called typhoid conditions which exist in different diseases; they cannot be taken as the offspring of typhoid or typhus, and thus all classed together under the wonted generic name, being simply pathological events of a secondary nature, the direct results of primary diseases in the courses of which they occur. The best proof of their accidental origin and existence being offered by the clinical differences between them, a fact verified in practice every day; their pathogenic relation no nearer than that of suppurative and eruptive fevers to each other generally, their therapeutics often indicating lines of treatment as much at variance as the groups of symptoms themselves.

†Maryland Med. Jour., Feb. 15, 1882, p. 469.

British navy. In studying these, I am pleased to find that they bear out the propositions made in my article in all essential points. I presume it will not be denied that the great objects of these acts are to diminish and stamp out syphilis and to put a stop to all clandestine prostitution. The statistics quoted by Dr. Gihon fail to show that they have any effect on true syphilis. They seem to show it, but the fallacy lies in the fact that no distinction is made between the local unconstititional sore, chancroid, and the primary lesion of true syphilis, chancre. This is proved by the fact that while the average yearly number of cases of so-called "primary syphilis" in the stations under the acts (between 1871-79) is said to be 319, the number of cases of secondary disease was only 123.\* Now, as the crucial test of a venereal sore being syphilitic is the appearance of secondary symptoms, it follows that a large proportion of the cases put down as primary syphilis were not syphilis at all. This applies to both sets of stations, and renders the totals from 1860-65 almost useless as to the relative increase or decrease of true syphilis. In 1866-70, the period during which the acts were passed†, the relative amount of constitutional (secondary) syphilis was twice as great in the unprotected as in the ports to which the acts applied. But the *fall* at the ports not under the acts was greater actually and *relatively* than in those under them, being from a ratio per 1,000 men of 25.6 to 21.8 in the former against 12.47 to 11.10 in the latter (years 1866-70, 1871-79). This is

\*The statistical argument on the amount of venereal disease in the British Navy is based entirely on the tables quoted in Dr. Gihon's letter. See Maryland Med. Jour. March 15th, 1882, p. 519.

†The act of 1864 was merely tentative, and did not require periodical examinations or enforced detention in hospital.



the more interesting as the ratio of venereal sores ("primary") *rose* at the unprotected and *fell* at the protected ports. The ratio of syphilis then to the primary sores of all kinds at the former is as 1:3.31, while at the latter it is as 1:2.59. According to Inspector-General Lawson's testimony (Q 1803)\* the ratio of syphilis to venereal sores in *the army* is also greater at the protected than at the unprotected stations, and (Q 1796) syphilis is more prevalent among the women at the stations under the acts than in those not under them. To return, if in the periods where full returns are made the chief fall is in the non-syphilitic venereal sores, it is fair to conclude that the same was the case in the previous period. Again, if the fall in syphilis is greater at the unprotected than at the protected ports it is unfair to ascribe the less fall to the good influence of the acts. Also, attention to the tables will show that at the time of passing of the acts (1866) the amount of "syphilis" at the ports not included under them was far greater than at the ports included, and the same result will be found if an average of the whole period from 1860-65 be taken. By selecting a short period of two or three years, however, the opposite "facts" could be "proved," but the longer the period taken the safer the result will be.

It should also be noted that the rapid fall at the protected ports took place between 1866-70. In these five years the average annual fall in the ratio of "syphilis" per 1,000 men was 6.39. In the next period, the average annual fall was only about  $\frac{1}{5}$  of one case per 1,000 men. A less rapid fall was to have been expected, but this almost

amounts to a standstill and could have occurred without any acts at all, and, what is more, during this period the rise in gonorrhœa more than counterbalances all the previous fall, and the average ratio per 1,000 men of venereal disease of *all kinds* is actually higher between 1871-79 than at any of the other periods. By combining the totals of "syphilis" and gonorrhœa in Dr. Gihon's tables we find the following result: (The periods are taken from his table.)

TABLE SHOWING AVERAGE ANNUAL RATIO PER 1000 MEN OF VENEREAL DISEASE IN THE BRITISH NAVY AT TEN PORTS, FIVE UNDER AND FIVE NOT UNDER THE ACTS.

Years,	1860-63	1864-65	1867-70	1871-79
Ports under the acts,	101.54	101.49	75.42	102.70
Ports not under acts,	99.39	125.97	121.32	143.10

Not only is the amount of venereal disease higher than ever at the protected stations, but the rise between 1867-70 and 1871-79 is greater at these ports than during the same period or any period of equal length at the non-protected stations. The plea that the greater increase in gonorrhœa at the ports under the acts is owing to increased care in the registration of disease since the acts does not hold, for they were passed in 1866, and the rise is but slight between this and 1870. It will hardly be urged that this is owing to the acts not being put into full operation till 1870, for that will be equivalent to saying that the greatest fall in "syphilis" (which took place before this year) was not owing to the acts, or at least that a partial enforcement was better than a full enforcement, either of which conclusions I should certainly accept. And, indeed, these tables show that some great cause existed for the decrease of venereal sores somewhere about 1865, which has since ceased to be as actively operative. One such cause may be found in the great improvements that were made about this time in the condition of the men in service in respect to cleanliness, amusement, giving occupation,

\*These figures and those elsewhere throughout this letter in brackets when unexplained refer to the testimony before Select Committee of House of Commons, published by order, 28th July, 1881.

inducements to good behavior, and the payment of wages away from public houses. It is wellknown that there was great filthiness, etc., among the seamen before. Now this would be greatest at the largest stations (which are those under the acts) and efforts would be directed there first and there the effects would be most noticeable. It is also well known that filth is a great predisposing cause of chancroid, while true syphilis is but little if at all affected by it. If this had anything to do with the fall we should expect that after the first effect there would be no longer much of a decrease but the disease would remain about stationary. This has been the case. The same in regard to hospitals. There were none, I understand, available at the protected stations till after the acts, and there are none now at the unprotected stations, except the almshouses. It is agreed on all hands that hospitals for diseased women are of great benefit. The contest is as to whether they shall be voluntary and the length of stay in them voluntary or compulsory.\*

These statistics fairly show that at the ports under the acts (1) the chief fall has been in chancroid and not in syphilis, (2) that this fall is not a continuous steady one, (3) that gonorrhœa has increased more than chancroids have diminished. Finally, as regards true syphilis, in the only certain period, it has decreased faster at the unprotected than at the protected ports.

I have instituted this comparison between the two sets of stations not because I consider this a satisfactory manner of arriving at the correct conclusion in regard to the acts but be-

cause Dr. Gihon did so. The proper way, in my opinion, is to compare each port by itself, at different periods, for the surroundings of the different places are so unlike as to render the result uncertain, when they are compared with one another.† The next best plan is to compare the rate of increase or decrease in disease at the subjected stations before the acts with the rate after they came into force.

#### VENEREAL DISEASE IN THE BRITISH ARMY.

Taking Inspector-General Lawson's table (Appendix to Report; No. 2) I have constructed a table showing the ratio of numbers per 1,000 men in hospital daily from secondary syphilis. He himself makes use of periods of four years for comparison, and I have adopted this plan not only in two periods but for the whole time of the nineteen years from 1860 to 1878, inclusive. Of course there must be one period of three years, and I have placed this between 1864-66 so as to show the decline before the acts were in force. I begin with the four years‡ selected by Inspector-General Lawson:

†Inspector-General Lawson certified before the Select Committee (Q 2148): "I have never compared them (the two sets of stations) directly; on the contrary I have constantly stated what I now state that the use of those (the unsubjected) stations is to find the alteration in the incidence of disease in the country." This use of them, however, is problematical and has been strongly disputed on what appear to be substantial grounds. In any case we have his admission that comparisons instituted between the stations, though he himself made and submitted such, are not reliable. This refers to the army.

‡Inspector-General Lawson also gives the average for periods of six years. These are interesting but taken alone they are insufficient as they do not show the ratio of decrease in disease before the acts, which, of course, involves the real point of issue. They, however, show that the fall in syphilis during the period of partial application of the acts was very much greater than the fall during their complete application, which is practically nothing.

\*Dr. Drysdale testifies: "At my own hospital, which is perfectly voluntary, the girls can go out to-morrow, but they stay in sometimes nine months or a year or more if I ask them; almost the only ones that ever leave are the patients that come from the subjected districts; they are invariably hard to deal with; they seem to consider it an honorable profession (Q. 678).



AVERAGE YEARLY RATIO OF NUMBERS IN HOSPITAL DAILY PER 1000 MEN FROM SECONDARY SYPHILIS IN THE BRITISH ARMY.

Periods before the acts requiring compulsory examinations, etc.

Years. 1860-63 1864-66

Stations which came under the acts subsequently.	2.95	2.53
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All stations never under the acts.	2.61	2.35
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Period during which the acts were gradually being enforced.\*

1867-70.

2.08

2.22

Periods when the acts were in full force.

1871-74

1875-78

1.63

1.81

2.05

2.27

Thus for secondary syphilis he gives the following ratio per 1,000 men in the subjected districts:

Years,	1861-66	1867-72	1873-78
Ratios per 1,000,	2.77	1.86	1.78

Had Jenner been able to produce no better evidence to prove that vaccination was a preventive of small-pox than the advocates of the acts are able to show from the British army and navy statistics, that regulations stamp out syphilis, could vaccination have become general? Yet it involves no moral question, and but little inconvenience. The acts involve all most deeply and are, as conducted in England, a most serious infringement on the constitutional liberties of the citizen.

\*Appendix to Report, etc., No. 8.  
Acts were passed in 1866.

We see here at the subjected stations that the first fall (3 years) was slightly greater than any subsequent fall, that the fall during the period of partial application of the acts was as great as during the first period of their full application, and, finally, that of the two periods of their full enforcement, the second shows a larger ratio of disease. I will allow that during the period of the fall the same actual represents a greater relative decrease but still even then it is scarcely sufficient to warrant attributing the fall to the acts, and certainly a rise would hardly have occurred were the acts the cause of the decrease, which continued only for one period after they were fully applied. The decrease between 1860-63 and 1867-70 is much greater even relatively than that between 1867-70 and 1875-78. If you will compare the unsubjected stations with these you find from the first a radical difference. Whilst syphilis is falling at the former it is doing so much more slowly, even before the acts were applied anywhere. The conclusion is natural that some other cause was at work than the acts to bring about a more rapid fall at the stations subsequently subjected. As regards venereal sores, (see appendix above quoted) the fall at the places where the acts were afterwards applied was more *rapid* and *steady* year by year from 1860-66 than it has been since.\* At the other stations fluctuations were present, again showing inherent difference in the two sets. This difference is roughly this, that the subjected stations consist of large collections of troops in small places, while in the unsubjected there are small collections of troops in large

\*Even for these questionable results a spy police in citizen's clothes is employed, and his evidence alone in case of her refusal to submit is taken as to whether the woman is a prostitute or not. Are we willing for such an infringement of the rights of citizens.

places, like London, Manchester, &c.\* In regard to gonorrhœa, I find that in my last article I made an error in saying that it had largely increased. This is true of the navy, but according to Inspector-General Lawson's tables not so in the army. But, up to 1873, when the order stopping pay to soldiers in hospitals with primary venereal disease and gonorrhœa was promulgated, it was also true of gonorrhœa that its chief decrease was before the acts.† With this exception, the statements in my article I find well borne out by further study.‡ But we must not forget that at the subjected stations, in the army, all the men on coming to the station are examined and detained, till well, in the hospital. If they are absent more than three days from the station this is repeated. There is no law for this, and it is not done at the unsubjected stations (Inspector-General Lawson, Q 1900-1911) and so the protected stations have an unfair advantage as disease is more readily discovered in the male. We find, too, such discrepancies between the army and navy both under the same acts, that they must be attributed to other causes than these, and this brings us to a main point, that as the differences between the army and navy§ and civil

life are still greater, no safe comparison can be drawn between them. In our last we spoke of Paris; let us now glance at the experience of Brussels.

#### REGULATIONS AT BRUSSELS.

##### *Moral and Social Results.*

Dr. Gihon has not even attempted to answer my remarks as to syphilis in Paris, which showed conclusively that the tolerated houses were the the most dangerous places for that disease. At the late International Medical Congress Dr. Dysdale, in a paper, quoted Mauriac to show the rise in true syphilis in Paris under regulations. In 1861 there were, at the Hôpital du Midi 570 cases; in 1865, 849; in 1869, 1,442. I merely insert this because Fournier is quoted in a note in a recent article to the effect that at the time the Prussian troops entered Paris (1870) syphilis had been practically stamped out. I showed, too, in my last article, that the Parisian police were not inefficient. As to Brussels, Dr. Dysdale quotes M. Thiry to the effect that there are a large number of cases of syphilis there.\* But I must let Paris prove the hygienic failure of the acts,† and will bring up M. Lanær's, head of the *Police des Mœurs*, Brussels, to speak their practical effect in stopping clandestine prostitution. In his official report,‡ 1877, he mentions that the mode of regulation in Brussels has been universally praised as being the model for a general law, yet he adds (p. 8) it "is no longer adequate to meet the necessities of our times, for, as I said at the beginning, prostitution has undergone at Brussels since

\*You would entirely alter the comparison if you would eliminate those large towns as not being a fair comparison with camps and arsenals under strict military discipline. Dr. Dysdale [Q 431].

†Sir Wm. Muir admits that up to 1873 (the date of the above order) gonorrhœa in the army was absolutely unaffected by the acts [Testimony quoted Q 746].

‡As to Dr. Nevins' evidence and the correctness of his figures and calculations, as far as I have been able to find out, only one table [No. 2 evidence 1880] was found incorrect; this was owing to a clerical mistake of 1877 instead of 1873. This he acknowledges. But Inspector-General Lawson had to retract one of his own tables and Sir Wm. Muir made a number of errors all in favor of the acts, which shows how difficult absolute correctness is.

§Both fail, however, to prove that the most important disease of all, syphilis, has been affected by the acts,

\*Dr. Dysdale quotes M. Sigmund to show that venereal disease is on the increase in Vienna [with regulation].

†See also Prof. Henry Lee's evidence before the Select Committee as to the sanitary failure of the acts in England.

‡I am indebted to a literal translation of M. Lanær's report for the above information.



the introduction of this regulation 1844, so great a development as to call for new measures." He partially explains this by the recent destruction of some houses of debauchery, but further on shows that the reason is the greater cheapness and privacy, which to some men are powerful incentives, offered by clandestine prostitutes, also the restrictions put upon licensed prostitutes, which of course are not shared in by the clandestine. He says that "those who live by debauchery have no desire for administrative regulation and it is with reluctance that they submit to police measures. At the present day the number of houses which submit to the action of police is very limited and diminishes daily; the number of unregulated houses, on the contrary, is very considerable, and is augmenting" (pp. 9-10). What great proportions clandestinity has assumed under the regulations in Brussels may be gathered also from his suggestions of means for the removal of it, (which were adopted). In order to put the licensed prostitute on an equal footing in her trade with the secret prostitute, he proposes that the law forbidding her to walk the streets after dark be abolished (are not the streets free?) only she must not frequent certain squares, etc.; also she is to be allowed to receive men at her lodgings because she loses customers by being obliged to take them to the houses, as some men do not like to be seen entering them. More frequent medical examinations would, from a hygienic point of view, be preferable, but they are so distasteful to the women that they would not come. He suggests "that all houses of clandestine prostitution be sought out and \* \* \* \* if the house is found in an unfrequented and quiet street," and is otherwise suitable, and there are no complaints against it "it shall be ranked amongst the tolerated houses of debauchery or assigna-

tion." He considers this plan better than having the houses in one section, for "this would necessitate men going a long distance, and the end aimed at would not be attained, for those *men for whom houses of debauchery are a necessity*, seldom care to take long journeys to find them." He provides for the regular medical inspection of minors and married women before acquainting their parents or husbands, though they are to be informed before the *final* registration is made and invited to use means for reformation. Further, he beholds with pity the condition of those girls and married women, who, blinded with passion, wish to consort illicitly with some man. He says truly these are not common prostitutes. Their lovers, in the case of girls, cannot always afford to keep them, and yet secrecy is needed, but they fear to enter the licensed houses lest they be registered, and public acts of debauchery are outrages. So he advises that houses of assignation be licensed where these can go secretly without fear of registration as prostitutes, only, if the keepers of the house observe a woman presenting herself at frequent intervals with different men they shall inform the police, if she does not already possess "a card." This is to keep a general eye on every kind of prostitution. On the moral effect of registering a woman, he says incidentally: "No doubt the inscription on the rolls of prostitution is an exceedingly grave and delicate matter, if one considers the position in which a woman, who is the object of it, is placed, for while this inscription is only a simple administrative act, having for its object to compel the woman to submit to medical inspection, none the less does it impose upon a woman *a patent of infamy and degradation and exercises a fatal influence over her whole future.*" The above suggestions, especially the last, are enough to show the general moral

tendency of the regulations. Some of the testimony as to their working in England before the Select Committee supported this and some did not. Almost all of the moral benefit that has been claimed has accrued from rescue work carried on independently of the acts, and it is curious that no word of the reformation of prostitutes was seen in Capt. Harris' reports, till after public attention was called to the subject by Mr. Fowler's motion to repeal (in 1874) Mr. Shaen's testimony (Q 6882) Inspector. Annis' testimony that clandestine prostitution is stamped out in his district loses its force when we find that it contains a population of about 180,000, scattered through Plymouth and a circle around it of ten miles, and three other towns, one of which is fifty miles away, and that all this is worked by one sergeant and six policemen (Q 3152, 3153, 4016). Under a more complete system and without the extra moral agencies there are in England, which have nothing to do with the acts, clandestine prostitution largely increases, and registration is a fatal blow to the woman's life and character. Even in England, one of the witnesses testified that in the work of reform the special police were a positive hindrance, and that to his knowledge prostitution has increased though the outward signs of it have diminished [See Mr. Krause's testimony].

#### ABOLITION OF THE REGULATIONS IN

#### PARIS.

I will close by copying the resolution of the municipality of Paris, passed after an investigation of the workings of the system, not only in Paris but in other cities in Europe, which investigation lasted about five years. Here there will be no accusation of over-nicety in morals.

"THE MUNICIPAL COUNCIL, considering that the Institution of the *Police des Mœurs* is destructive of the principles of individual liberty, without succeeding in accomplishing the end it professes to aim at, either in the diminution of venereal diseases or in the prevention of offences against public order and decency,

*Resolves*, That from and after the 1st January, 1882, the *Police des Mœurs* shall be abolished, and that the following system be established instead, viz: That free dispensaries be established for venereal patients and that in all that concerns public order and decency the ordinary police shall be employed and that all offences against public order and decency shall be tried by the ordinary Court of Law."\*

With the *Police des Mœurs*, the compulsory examinations and enforced detention in Hospital of those found diseased departs. If you say, we do not wish for the stringent laws that have been in vogue in Europe, we reply that the advocates of the acts from the continent find their measures not strict enough, and Dr. Kraus of Vienna publicly proposed in the International Medical Congress (Section State Medicine) that all men and women of the artisan classes moral or immoral be regularly examined as a measure harsh indeed but necessary.

\* Very respectfully,

RICH'D HENRY THOMAS.

142 Lanvale St.,

Baltimore, 2 IV, 1882.

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\*Whether this act of the municipality has been put in force or not I cannot say, for the Central Government of France was opposed to it, but in any case its testimony to the failure of even strict regulations is very strong.



## SOCIETY REPORTS.

BALTIMORE MEDICAL AND  
SURGICAL SOCIETY.

STATED MEETING HELD OCT. 26th, 1881.

*(Specially reported for the Maryland Medical Journal).*

*Dr. Reid* reported a case of Eczema of the Scalp of seven years duration. He had it under care two years ago, when he applied the usual remedies without success. Since that time it has been treated by several physicians, but came back to him two months ago unchanged. He applied an ointment of chrysophanic acid, gr. xx to ʒi. This was followed by tar ointment and the patient has entirely recovered.

*Dr. Salzer* showed an Enlarged Liver which weighed fifteen lbs., was dark colored, firm, and to all appearance normal with exception of hypertrophy. The usual test did not indicate any amyloid or fatty degeneration. The kidneys were somewhat enlarged; with these exceptions the internal organs were normal.

The only apparent cause for this trouble was stenosis of the ductus communis choledochus, which was so contracted that the smallest probe could be hardly passed through it. The history of the case was as follows: Four years ago he was called to see the patient a girl of 18 years who was at that time suffering from chlorosis. Was again called to see her six months since, when she had an abdominal tumor with œdema of the lower extremities and was supposed to be pregnant. On examination he excluded pregnancy and diagnosed a tumor of some unknown character. The patient suffered from swelled feet and marked anemia at the time. The dropsy grew worse, and worse and resulted in death two weeks since. The patient had marked jaundice.

*Dr. Rohe* exhibited a specimen of Abscess of the Liver; the history of the case was as follows:

Was called on Oct. 16th to see P. D., German, aged 39, by occupation a laborer. Had been working on Back River during the months of August and September. For the last two weeks has had fever and frequent chills. He procured medicine at a drug store but without getting any relief. The patient complained of pain in the hepatic region, and vomiting. Drinking of water caused pain in the stomach. The area of hepatic dulness was considerably increased. Tongue dry, temperature 101°. From history given, malarial remittent was diagnosed and quinine gr. 5, and calomel gr. one-sixth given every 4 hours. The quinine was continued for two days without effect and then carbolic acid gr. i every two hours substituted. On the 20th a more careful examination disclosed an extension of the hepatic dulness towards the epigastrium causing a considerable protrusion. No fluctuation could be detected. A diagnosis of abscess of the liver was ventured and Prof. Erich called in consultation on the following day. After an examination Prof. E. agreed in the diagnosis and an aspirator needle being introduced in the most protuberant spot, which was in the epigastrium, about two ounces of thick pus were withdrawn. A hot poultice was then applied and the patient given one-quarter of a grain of morphia every four hours. Next day, he was more comfortable but the symptoms had become grave. Delirium was reported as having occurred during the night. On the following day, Oct. 23, an incision one inch long was made over a decidedly fluctuating spot near the point where the aspirator needle had been introduced. About four ounces of pus were evacuated. The poultice and morphia were continued. On the following morning at 5 o'clock the

patient died. At no time during his illness had the temperature risen above  $101^{\circ}5$ . Only two days before death was there any decided yellowness of the skin or conjunctiva.

The post mortem examination was made six hours after death, with the assistance of Dr. J. H. Branham. The condition of the patient was decidedly emaciated. Conjunctivæ and skin slightly tinged with yellow. On opening the abdominal cavity, adhesions were found between the liver and abdominal wall in front, and especially firm adhesion between the liver and the posterior abdominal wall. On detaching the liver from the posterior wall, a large quantity of pus gushed forth. The hand could be passed into large cavities in the substance of the liver posteriorly. After considerable difficulty and after removing about two pints of pus from the abdomen, the liver was removed and examined. Two large cavities with ragged walls were found on the posterior aspect of the right lobe. Either of these cavities was large enough to hide a man's fist within it. In the right lobe in front was a similar large cavity and in the left lobe one equally large. The latter is the cavity that had been punctured by the aspirator and incised with the bistouri on the day before death.

The colon was removed and cut open throughout its whole extent. An ulcer (1 by 4 cm.) was found in the cæcum and the remains (cicatrix) of a small lozenge-shaped one about four inches above the former. The calibre of the descending colon was contracted to less than one half its normal size and the mucous membrane was thrown into rugous folds and hyperemic. The spleen was enlarged but appeared to be otherwise normal. The other organs were not examined.

*Dr. Scarff* on October 13th was called to see a middle aged man who had been jerked into a pit from a

considerable height. He fell on the left side of his head. He had profuse hemorrhage from nose and ear which lasted for three days. He was unconscious for several days. From these symptoms he diagnosed fracture of base of skull on left side. After the return of consciousness severe febrile symptoms appeared which were accompanied by intense headache, photophobia and other signs of meningitis. The meningitis in turn was followed by marked anæsthesia over the entire body; the patient at the time understanding what was said to him and answering questions, although he was quite stupid. After this subsided the patient was attacked with maniacal delirium which continues at the present time and for which he is confined in an asylum.

*Piece of Sponge Tent Retained in Utero.*—*Dr. Erich* reported a case where he introduced a sponge tent into the cervix. After twenty-four hours he removed it with great difficulty but as he thought entire. After a short time a fetid sanguineo-serous discharge began. This continued four weeks and resembled closely the discharge from carcinoma. A few days since the os was largely dilated, the forceps passed in and a piece of the tent removed.

*Dr. Brinton* asked if Dr. E. prefers sponge tents to the others. Dr. E. considered them best for first application as they are flexible, especially if the canal is not straight. Also they are not so apt to slip out.

November 16th, 1881. Apparatus for Dry Cupping.—*Dr. Taylor* showed an open glass jar connected with an air pump which he had used for dry cupping frequently in cases of ovarian neuralgia, myalgia, etc., with marked success.

*Dr. Morris* had used the same kind of instrument in impotency to produce erection of the penis and a cure was effected.

Notched Teeth of Syphilis.—*Dr.*



*Leonard* showed photograph of boy 8 years old. He had Hutchinson's notched teeth, nasal catarrh, etc., as had all his brothers and sisters. The father had had syphilis three years since, but a complete cure had been effected. The mother had been carefully examined and showed no indications of the disease.

*Dr. Rohe* thought that the weight of proof was against the possibility of syphilis being transmitted from the father to the child in utero without the mother being affected.

Injury to Urethra Necessitating Urethrotomy.—*Dr. Rohe* last May was called to see a man who had fallen across the comb of a hatchway. He had profuse hemorrhage from the urethra. This was controlled by the use of ice. It was found to be impossible to pass a catheter. The patient during the first twenty-four hours passed large quantities of bloody urine. After some days it became difficult for him to pass urine at all. This grew more and more marked until finally complete retention occurred. A few days since did external urethrotomy without a guide. A flexible catheter was left in bladder. This produced intense vesical tenesmus which continued for two days. After giving large doses of morphia in vain he was relieved by removing the foreign body. After this he recovered rapidly.

#### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD FEB. 3RD, 1882.

I. EDMONDSON ATKINSON, M. D., President, in the Chair.

(Specially Reported for the Maryland Med. Journal)

EXCISION OF OS TRAPEZIUM.—*Dr. Merrick* exhibited to the society a patient upon whom he had performed this operation. The bone in question had been fractured into several pieces by the machinery in a planing mill. No other bone was injured. The radial

artery was severed as also the tendons of the extensor ossis metacarpi pollicis and extensor primi internodii pollicis. The artery was ligated and most of the wound healed by first intention.

SPECIMEN OF CANCER OF BLADDER WITH ENLARGED PROSTATE.—*Dr. Winslow* reported the case of a man, æt. 54, who had been suffering from difficulty in urination, pain in the left lumbar region and occasional hematuria for two or three years previous to his first application for treatment, July 7, 1879. There was no stricture, but considerable blood followed the use of the sound. He was not seen again until Sept. 7, 1879, when  $\frac{1}{2}$  gallon of urine was withdrawn with the catheter. This was done daily for some time. The urine loaded with pus and often blood. The prostate was slightly enlarged. Slight improvement succeeded followed by retrogression. After the middle of November he grew rapidly worse. The urine now always contained blood. The prostatic enlargement increased, left facial paralysis appeared, with rapid emaciation and a cachectic appearance. December 18th he had pain in the lumbar vertebræ, from the 2nd down, paraplegia incomplete in right leg, some loss of power in the right hand, and right facial paralysis; the prostatic enlargement filled the pelvis, and was hard and nodulated; an exploring needle was introduced with negative result. Following these symptoms appeared hyperæsthesia of lower limbs, sensation of a band around waist, and pains running down legs. There was no loss of muscular power in the bladder almost to the last. The urine was examined several times, but besides blood, epithelium and bacteria, nothing was discovered. His arteries were very atheromatous. He died Dec. 22nd, 1879. On *post-mortem*, the bladder was found thickened and inflamed with thick trabeculæ of muscular tissue running across it in every direction, with a deposit of urinary salts over much of its surface, forming a complete incrustation at the base; mucous membrane surrounding urethral opening very vascular and villous and jutting out into the cavity of the bladder; prostate enlarged and dense. The left

seminal vesicle, enlarged blood-vessels, glands and matted connective tissue, formed the broad band of tissue previously mentioned as running from the prostate to the left side of the pelvis. Microscopic examination of the prostatic mass was made by Profs. Johnston and Tiffany, who pronounced it a simple glandular enlargement and not cancerous.

**CANCER OF BREAST, OPERATION AND RAPID RECURRENCE.**—*Dr. Michæl* reported the following case: An unmarried woman, æt. 30, had a mammary cancer which had existed for over a year when she was first seen by him, although she was the sister of a physician, who was cognizant of its existence. The tumor occupied the upper part of the left breast, extending as high as the clavicle. It was hard, rather purplish, the size of a goose egg, and apparently free from all attachments below. There was no evidence of propagation to the axilla or elsewhere. Nov. 11th the patient was chloroformed and the tumor, together with the entire mamma was extirpated. The large wound, nine inches in length after being closed, was drawn together with difficulty and healed well. The temperature never rose as high as 100°. Two weeks after the operation only a small part remained unhealed. From this time unfavorable symptoms appeared; the patient lost her usual vivacity and appetite and looked sickly and the wound showed a tendency to open again. A tonic was ordered. A fungous appearance became manifest at the upper part of the wound, and a hard lump could be felt at the upper part of the chest and under the clavicle. There were also numbness and painfulness of the arm. He thought the operation had not been radical enough, notwithstanding the pectoralis major was exposed by the dissection. Such cases are used by the opponents of extirpation against the operation on the ground that it never gives a radical cure, and rather shortens than lengthens life.

Dr. M. referred to a recent discussion in the New York Academy of Medicine, in which leading surgeons said that they had been taught in their early careers

not to operate, but experience had taught them differently. Dr. Gross had stated that if cancer be early removed we may reasonably expect that it will not recur, and Dr. Peters reported three cases in which years had elapsed without recurrence. Dr. M. only regretted that he had not seen this patient early enough for a radical operation.

*Dr. Atkinson* said the old idea of the incurability of cancer was based on the supposed constitutional nature of the disease. The whole question hinges on this. He believed in a predisposition of parts, that is a tendency to take on malignant action. Cancer of the breast is almost certain to return—not more certainly, however, than when it affects other parts. He believed if it be early enough removed (i. e., before lymphatics are involved) the cure may be permanent. Fibromata mullusca show a tendency of the skin to this growth; so in cancer the apparent recurrence may be due to a predisposition evincing itself in other acini.

*Dr. W.B. Platt* recommended making the incision up to but not into the axilla, when the axillary glands are involved, and then introducing the finger and removing. The axilla does not heal well. The older the patient the less liability to recurrence. He had seen the disease recur and be removed several times in a man of 70, who did not die of cancer.

*Dr. Atkinson* referred to a case in which Dr. C. Johnston had removed a cancer seven times, the first being in 1873, and the patient lived up to 1½ years ago.

*Dr. Michæl* referred to a colored woman, about 40 years old, whose scirrhus breast he removed entire two years ago. Twice since tumors have been removed from the same situation. He believed she would have died without treatment.

*Dr. Bermann* said Roser holds that the more painful such growths are the less serious and *vice versa*. A young woman (nurse) had a hard tumor of the left breast—myxoma, or myxoma-intracanalicularis—which was removed; four years later no recurrence had taken place.



**SUPERNUMERARY FINGER.** — *Dr. Browne* exhibited a supernumerary finger which was attached to the third phalanx of the little finger by a slight pedicle. The child was a female and without hereditary history. The nail was rudimentary. There was considerable bleeding on removal.

*Dr. Michael* had seen three cases, all in females.

**TWO HUNDRED AND FIFTY CASES OF MALARIA TREATED WITH TINCTURE OF IODINE.** — *Dr. Morison* read the paper of the evening on this subject (see JOURNAL of Feb 15th, 1882).

*Dr. Sadtler* had employed the agent in private practice. It is only to be used in the acute form of malarial disease. The first paroxysm is generally not prevented, but only moderated; the second is prevented, so that a four-ounce mixture is sufficient to check the disease. Relapses are much less common than under quinine. In only one case had he to abandon its use and return to cinchona. It never produced iodism.

*Dr. Morison* said it was only applicable where the chills are marked. It had very little effect on dumb chills or malarial neuralgia. It may be used in chronic cases if the chills are marked.

*Dr. Morris* had employed iodine when quinine failed and had very great faith in it.

*Dr. Lee* had employed it in about 55 cases; but it produced so much albuminuria that he had to stop. He never gave alone but always with Fowler's Solution. The comp tinct. of iodine is usually employed; this is not simple iodine.

*Dr. Morison* had made no special examination with reference to albuminuria, but this is a frequent symptom in malarial affections under any treatment.

*Dr. Hill* said almost all authors concur in the statement that albumen is found in the urine after chills of a malarial character.

*The President* said iodine and iodide of potassium do not frequently produce albuminuria as the impression seems to be. Iodine in combination produces in some cases intense irritation, as in the sebaceous glands, mucous membranes

and kidneys, but never disease to his knowledge. But he knew hyaline casts were a bad thing and ought not to be in the urine. If the irritation were kept up it would probably lead ultimately to inflammation. A French observer reported that albumen was invariably found in the urine within twenty-four hours after painting the chest with iodine, although absent before. He could not confirm this statement nor had he seen any confirmation of it. He did not believe the remedy a dangerous one except under certain circumstances. It was a very valuable agent.

*Dr. Bermann* referred to examination of the blood of an individual suffering with intermittent fever the day after a chill; in every instance he found a large number of micrococci in among the blood globules. They were absent from his own blood and that of another unaffected person.

## MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

SPECIAL MEETINGS HELD MAY 9TH AND 12TH.

(Specially Reported for the Maryland Medical Journal).

-The special meeting of this body for the completion of the business of the late annual session was held at the Medical Hall on the 9th inst., Dr. Wm. M. Kemp, President, in the Chair. The rules for the government of the library recommended by the library committee, were adopted with slight amendments. The librarian will hereafter be required to attend at the library from 12 to 3 o'clock daily, at which hours only books and journals can be taken out. The suggestions of the committee on directory for nurses were in the main adopted, and the committee, consisting of Drs. T. Barton Brune, Robert W. Johnson and Wm. Green, continued with authority to carry them out under the auspices of the Faculty. The plan proposed is essentially that followed in Boston; the committee engages to provide all funds needed for the enterprise from extraneous sources. Already a number of names of competent nurses has been secured. The following resolutions were adopted:

*Resolved*, That the Medical and Chirurgical Faculty of Maryland having had its attention called by the address of Dr. Donaldson, the late President of the Faculty, to the code of ethics recently adopted by the State Medical Society of New York, and believing that intelligent consultations are not possible between scientific physicians and homœopaths, Thomsonians, eclectics and other irregulars, hereby affirms its adhesion to the code of the American Medical Association.

*Resolved*, That the delegates of the Faculty be requested to present this resolution at the approaching annual meeting of the American Medical Association.

On motion, a select committee, consisting of Drs. J. S. Conrad, Thomas S. Latimer, Richard Gundry, Richard McSherry and G. Lane Taneyhill, was appointed to consider and report upon the State supervision of the insane, and to prepare a bill to be presented to the Legislature at its next session. On motion, Drs. J. J. Chisolm, James Carey Thomas, James A. Steuart, F. Donaldson and St. G. W. Teackle were appointed a committee to lay the claims of the medical profession before the trustees of the Peabody Institute and request that the Peabody library be made as complete in medical as in other branches of literature.

The Faculty then adjourned to meet again May 12th.

May 12th, the meeting was called to order by the President. A committee, consisting of Drs. Boyland, Latimer and Steiner, was appointed to consider and report upon the indiscriminate sale and dispensing of opium and other potent drugs by druggists. The resolutions proposed by the library building committee at the annual meeting were adopted with few alterations. They provide for the appointment of five trustees, who shall hold in trust the \$500 derived from the sale of the building lately owned by the Faculty on Courtland Street, and such other funds as may be collected for the purpose, until they shall amount to \$15,000. A committee of nine will be appointed to secure contributions to this fund. The plan is substantially that

adopted many years ago by the College of Physicians of Philadelphia. The meeting then adjourned.

## EDITORIAL.

THE VELOCIPEDE AND THE PHYSICIAN.—The full capacities of the velocipede, we are inclined to think, have hardly been realized. That it is more than a mere toy—a means of juvenile diversion—has been clearly demonstrated; but its applications to the various industries and employments of civilized life have not been developed at least in this country—as they should be. Can any practical use of it be made as a means of locomotion by physicians? Undoubtedly in suitable localities and under suitable conditions. Inappropriate in the narrow and crowded streets of large cities, it would seem to be best adapted to rural districts, with tolerably level and macadamized roads. Such roads exist in England, and we find that the velocipede, or the tricycle, which they prefer there, has been resorted to to a considerable extent in that country. Mounted on this fleet charger, which defies fatigue and hunger, our British brother, with umbrella and drug case suspended beneath his seat, is as independent of drivers, smiths, carriage and harness makers, hostlers, &c., as was Robinson Crusoe on his lone island of the fashionable requirements of his day. The saving of expense must be immense. We await with interest the developments of the near future, feeling confident that at no distant day this mode of travelling must commend itself generally to the use of physicians with suitable surroundings. Time and custom alone are required to make what is already acknowledged to be a healthy and exhilarating exercise, a popular and economical adjunct to active medical practice.

TRACHEOTOMY IN DIPHTHERITIC LARYNGITIS.—Why tracheotomy should so seldom be followed by recovery in diphtheritic laryngitis is hard to say, unless it be that it is deferred to so late a period that the patient is too exhausted to revive even after relief is afforded to the breathing. Recoveries from pharyn-



geal diphtheria are quite common, and it can hardly be that the slight extension of the membrane to the laryngeal surface could alone turn the scale so invariably in the opposite direction. However this may be the fact remains that most physicians regard the operation as altogether hopeless and many discountenance it strongly in their practice. A prominent physician of this city identified with the profession here for nearly forty years, informed us that he knew of but one case in Baltimore—a patient of Dr. T. H. Buckler and still living—in which recovery was permanent. What proportion this would be to the entire number operated on we cannot state with any exactness, but we would suppose that the operation had been done in Baltimore between 50 and 100 times certainly. Although recovery is not to be expected in these cases, we believe that it is clearly the duty of the physician to operate, since there is a possibility of success, whilst euthanasia and prolongation of life are reasonably to be counted upon. We have been particularly impressed with the correctness of this view by a case occurring under observation a few days ago, in which the throat of a child in the very act of breathing its last was opened, and wire sutures passed through the edges of the wound and fixed behind the neck by means of tape. The child revived and lived 22 hours, without any return of the terrible dyspnoea, dying from hemorrhage and exhaustion. No one could have witnessed this case without acknowledging the wisdom and justifiability of the operation. In this connection we would be glad to learn the results of this operation in the hands of our various local surgeons and particularly to receive any records of successful cases not hitherto reported.

REMOVAL. — With this issue the MARYLAND MEDICAL JOURNAL appears under new, and we believe, more favorable auspices. Messrs. J. W. Borst & Co., having withdrawn from business, the proprietors of the JOURNAL have opened a printing establishment of their own, under the name of the "Journal Publishing Company," at No.

29 Park Avenue, between Lexington and Clay Sts., where every description of Book and Job Printing will be neatly executed to order at the lowest rates. The patronage of the profession throughout Maryland is solicited. The editors anticipate under the new arrangement that the resources of the JOURNAL will receive a new impetus and will develop more rapidly than ever before.

## REVIEWS & BOOK NOTICES.

*Lectures on the Diagnosis and Treatment of Diseases of the Chest, Throat and Nasal Cavities.* By E. FLETCHER INGALS, A. M., M. D., Lecturer on Diseases of the Chest and Physical Diagnosis and on Laryngology in the Post Graduate Course, Rush Medical College, Clinical Professor of Diseases of the Throat and Chest, Woman's Medical College, &c. With 135 illustrations. Wm. Wood & Co., New York., 1881. 8vo. Pp. 437.

The design of these lectures, as stated by the author, is to present a complete exposition of the subject of physical diagnosis so far as it relates to diseases of the chest, throat and nasal passages; to give the essential symptoms of each disease; to point out the symptoms and signs which are of most value in a differential diagnosis, and to outline briefly the proper treatment, according to the author's experience, for the various affections. The work is of the most practical character; it avoids theoretical and unsettled questions; the subjects are presented in a lucid and compact style. It is printed in large clear type, exceptions to rules and matter of minor importance being published in smaller type. We predict for this work a wide field of usefulness because it seems to us to be exactly adapted to the use of the physician in active practice.

*The Diagnosis and Treatment of Diseases of the Eye.* By HENRY W. WILLIAMS, A. M., M. D., Professor of Ophthalmology in Harvard University, &c. Boston: Houghton, Mifflin & Co., 1881. 8vo. Pp. 464.

A smaller work upon diseases of the eye, by the author having gone through several editions, he here offers a very respectably sized treatise, which he designs as a "practical guide, serviceable alike to the general practitioner and to students." As will be inferred from this he has eschewed the ultra-scientific style as being out of place in a work of this sort.

In scanning the pages of this work we are struck with the absence of figures of instruments, methods of operating, &c. We scarcely find depicted a single instrument employed by the ophthalmic surgeon, whilst in the sections relating to cataract, affections of the iris and muscular apparatus of the eye, illustrations are entirely wanting. Can it be that the author regards these things as beyond the reach of the "general practitioners and students" to whom he addresses himself? With this important exception the work is one which can be commended as a safe guide in the department of practice to which it relates.

### MISCELLANY.

THE PROPER DOSE OF CONIUM.—*Seguin* (*Archiv. of Medicine*, April, 1882), commenting upon the dose of this agent (he employs the fluid extract, Squibb), says that to get any effect from it we must use much larger doses than are usually recommended. He has used it in chorea, spasm of paralysed limbs, general irritability, and insomnia. To obtain muscular relaxation as in chorea, after a few tentative doses of 20 and 40 minims, he gives 60, 80 or even 100 minims, which cause ptosis (sometimes diplopia) and paresis of arms and legs. He does not repeat until the effects have passed off—12 to 24 hours. He has almost perfectly cured a chronic adult chorea of 14 years duration by teaspoonful doses daily for a month or more. Many cases of insomnia with wakefulness in the first part of the night, more especially those with fidgets or physical restlessness are very much benefitted by conium—m. xx with gr. xx bromide of potassium, to be repeated if necessary. The indications of conium can only be fulfilled by obtaining its

physiological effects between which and the toxic effects there is a wide distance.

ENGELMAN ON OVARIOTOMY.—*Engelman*, of St. Louis, (*Am. Jour. Med. Sci.*, April) urges the observance of the following rules in performing ovariectomy: 1. Enter the peritoneum at the upper angle of the abdominal incision, mindful of the safety of an enlarged bladder. 2. Endeavor to secure deep and firm union of the abdominal incision by carefully and closely placed sutures during the operation, and proper support for months after. 3. Ligate all bleeding points, use the finest braided silk, cut short and drop at once. 4. Avoid routine Listerism, and especially the carbolic acid spray over the hands of the operator and into the abdominal cavity. Cleanliness, not carbolic acid, is necessary. Keep sponges clean and warm, but *not* carbolized. Avoid carbolic acid about the peritoneum and open surfaces. Ligatures, sutures, and instruments should be clean but not carbolized. 5. Late operations are the scourge of surgeon and patient in this valley. If an operation is indicated, operate early, as the patient's chances decrease with the growth of the tumor and the failing of health.

THE OVARIAN CELL.—*Dr. W. A. Edwards*, of Philadelphia, (*Amer. Jour. Med. Sci.*, April) from investigations in regard to the "ovarian cell" of Drysdale, concludes: 1. This cell is not diagnostic of ovarian tumors. 2. It may be entirely absent from the fluid of an ovarian tumor. 3. An abdominal, non-ovarian fluid may contain it in great abundance. 4. The accurate microscopical diagnosis of ovarian dropsy is impossible; with the best ovariectomists the first incision is always exploratory. Although not pathognomonic, he still thinks "it merits some weight in making our diagnosis of ovarian cystomata."

LEPROSY IN THE SANDWICH ISLANDS.—Leprosy was imported from China in 1840, the first leper being recognized there in 1848. The first governmental action was taken in 1859. In 1866 the lepers (numbering 329) were transferred



to the Island of Molokoi. The mortality from 1865 to 1876 was 87.2 per cent. January, 1880, there were 733 lepers on the island, besides which incipient leprosy may be found in nearly every part of the kingdom.—*Saxe, Report on Hawaiian Leprosy, to California Med. Society, 1881.*

**MORELL MACKENZIE ON NASAL POLYPI.**—The mode of treatment generally adopted by the author (*Archiv. of Laryngology*, April) is to remove the polypi with his punch-forceps and then apply electric cautery to the base of the growths. This generally succeeds in effecting a rapid cure, but when recurrence repeatedly takes place, if the growth springs from one of the turbinated bones, he removes the portion from which it springs by a special instrument, which consists of fine hollow forceps having toothed edges on one side and smooth on the other, whilst between the two a sharp cutting blade can be rammed down. A separate instrument is required for each side of the nose. The portion to be removed is seized by the forceps, the smooth blade being on the outer side. The knife is then pushed home and the portion of bone easily removed. Although harmless this is rarely required.

**ACADEMY OF MEDICINE OF IRELAND.**—A draught scheme of amalgamation of the various medical societies of Dublin has been submitted to the several councils of those bodies, and has been referred by them to a joint committee for consideration. The scheme proposes that there shall be one body to be called as above, comprising four sections devoted to medicine, surgery, obstetrics, and pathology, with one president of the Academy and one for each section, with a general and sectional council. The yearly subscription will be two guineas for fellows, one guinea for members, ten shillings for associates and five shillings for student associates; and it is intended to issue an annual volume of Transactions to be supplied free to fellows and members. The question of amalgamation is now under consideration, and the members of the various

medical societies have been requested to give their individual opinion in favor of or in opposition to the proposed scheme.—*Dublin Cor. London Lancet*, April 15.

**UTERINE FIBROIDS REMOVED BY LAPAROTOMY.**—At a meeting of the Obstetrical Society of London, held March 1st (*Lancet*, Mar. 25) Dr. Bantock exhibited five specimens of uterine fibroids removed by abdominal section within the last seven months. They weighed respectively 12 pounds, 6 pounds, 4½ pounds and 1 pound. Some were of long standing, others of recent growth. In only one case was menorrhagia a prominent symptom, and in that it was enough to produce great anæmia. In all, the pedicle was kept outside, secured at the lower angle of the wound by Kœberlé's serre-nœud, and supported by two stout pins transfixing the stump just beyond the wire loop. Eight cases treated in this way recovered well, while four others in which the pedicle was treated intra-abdominally all died. Dr. Bantock also exhibited fragments of a very soft fibroid removed per vaginam by enucleation.

**ST. LOUIS MEDICAL SOCIETY AND THE NEW YORK CODE.**—This society has passed resolutions declaring "that it regards with disfavor any steps taken to lessen or obliterate the distinctions and safeguards between an honorable practice of medicine founded upon science and that founded upon any of the current delusions and exclusive medical systems of the day."

**IODIA AND BROMIDIA.**—These two preparations have gained the confidence of many able and competent practitioners. Prof. R. McSherry, of this city, thus writes in regard to them: "I have used the preparations known as Iodia and Bromidia, prepared by Messrs. Battle & Co., of St. Louis, in my practice and have found them very satisfactory agents in cases for which they are deemed most appropriate."

**BACILLUS OF TUBERCULOSIS.**—*Koch*, (*Med. News*, April 29) in a paper read before the Berlin Physiological Society March 24th, announced the discovery of the specific parasite of tuberculosis. It is a very minute, rod-shaped body, in length  $\frac{1}{4}$  to  $\frac{1}{2}$  the diameter of the red globule, resembling strongly in appearance and shape the *bacillus lepræ*. The always motionless bacillus is found in greater abundance where the formation of tubercle is going on most actively. He succeeded in cultivating it outside the animal body and free from all admixture of foreign animal material in a specially prepared blood-serum. With these bacilli, cultivated from flask to flask for 200 days, K. succeeded in inoculating various animals, which without exception became tuberculous; acute miliary tuberculosis first appeared, followed by cheesy processes. The inoculations succeeded even upon animals, as dogs and rats which otherwise enjoy immunity from the affection. Perlsucht, the tuberculosis of animals, contains the same parasite, possessing the same characteristics as that from human tubercle.

**COLLEGE FOR MEDICAL PRACTITIONERS.**—This is the title of a new college just instituted in St. Louis, "to teach medical practitioners, by practical instruction, the special branches of Medicine and Surgery." There will be twelve departments, so arranged that special courses may be taken with as little loss of time as possible. The Faculty embraces such well known names as those of Rumbold, Borck, Ford, Dickinson, Outten, and Hughes.

**PLAYFAIR ON EMMET'S OPERATION FOR LACERATED CERVIX.**—"My own conclusions may be briefly summed up in the statement that, although there are a large number of cervical lacerations which produce no effect whatever, and having healed call for no treatment, there are a considerable number which give rise to much irritation of the uterus, which lead to important second-

ary results; and that these cases can often be rapidly and permanently cured by the operation for the introduction of which we owe Dr. Emmet a debt of gratitude, and with which his name will always be associated."—*W. S. Playfair*, in *Proceedings of Obstet. Soc. of London*.

**AMERICAN MEDICAL ASSOCIATION.**—Will meet in St. Paul, Tuesday June 6th, 11 A. M. Each society is entitled to send one delegate for every 10 of its regular members, and one for every additional fraction over five. Secretaries will forward at once lists of delegates to Wm. B. Atkinson, M. D., Permanent Secty., 1400 Pine street, Philadelphia. A member desiring to read a paper before any section should forward the same or its title and length (not to exceed 20 minutes in the reading) to the Chairman of the Com. of Arrangements (Dr. A. J. Stone, St. Paul) at least one month before the meeting. The following are the delegates to this body from the Medical and Chirurgical Faculty of Maryland: Drs. Christopher Johnston, J. E. M. Chamberlain, John Morris, J. J. Chisolm, S. C. Chew, A. H. Bayley, C. B. Gamble, T. W. Simmons, John Neff, B. F. Leonard, J. W. Correll, J. C. Harris, T. B. Brune, Charles O'Donovan, Richard McSherry, J. Shelton Hill, R. W. Eareckson (Howard Co.), James Bordley (Kent Co.), James E. Gibbons, A. Friedenwald, R. Gundry, C. W. Chancellor, T. F. Murdock, J. Carey Thomas, S. Theobald, G. Lane Taneyhill and W. C. Van Bibber.

**ERRATA.**—Page 35, second column, for M. Lanær read M. Lanærs; and in note at bottom of page for Lanær's, read Lanærs'. Page 37, first column, "Mr. Shaen's testimony" should be in brackets, and there should be a period before "Inspector;" same page 2nd column, for "Court" read Courts.

**SOCIETY BULLETIN.**—*Acad. of Med.* will meet Tuesday, May 16th, 8½ P. M. Dr. R. McSherry will read a paper entitled "The City Needs a Change of Air." The Committee on changes in the constitution and mode



of proceeding will report. *Clin. Soc. of Md.* will meet Friday, May 19th, 8 P. M., Dr. I. E. Atkinson will read a paper on "Simple Chancre of the Preputial Margin;" Dr. Chew will open the regular discussion with a paper on "Digitalis Clinically Considered." *Med. Ass'n* will meet Monday, May 22nd, 8½ P. M., Dr. E. B. Price will open the discussion. *Med. and Surg. Soc.* meets every Wednesday, 8½ P. M.

### MEDICAL ITEMS.

THE Baltimore Academy of Medicine renews its prize of \$100 for the best paper offered upon a medical subject, the subject to be chosen by the writer. The prize will be conferred early in 1883. =Dr. Robt. B. Morison sailed for Europe from this port on the 4th inst. He will study dermatology in Vienna, Paris and London and will be absent about 18 months. He will correspond with the *Maryland Medical Journal* during his stay abroad. =Dr. Severn P. Costern has been appointed Asst. Quarantine Physician to this port vice John A. Robb, Jr., removed to the West. =Dr. J. S. Billings, of Washington, has accepted the invitation to deliver the annual oration before the Medical and Chirurgical Faculty of Maryland in April, 1883. =The Clinical Society of Maryland has been incorporated in accordance with the laws of the State. =Dr. Schmidt, of New Orleans, says he has made careful search for the *bacilli lepræ* but has been unable to find them in leprous tissues. =Prof. Hans Gundrat, of Gratz, has been elected to the vacant chair of Pathology in the University of Vienna. =A Prize of \$1000 is offered for an Essay on the Radical Cure of Cancer; the giving of the award is in the hands of Dr. J. Collins Warren, of Boston. =Physicians practising in London, it is said, do not acquire an income on which they are required to pay income tax for sixteen years from the commencement, whilst in the provinces this period is reached in eleven years. =An *Associa-*

*tion for the Advancement of Medicine by Research* has been organized in London under the auspices of the Royal College of Physicians and Surgeons. =*Polyandry* prevails among the Roulous, a race of the Himalaya region of Asia, the junior husbands being generally the brothers of the first husband. =Dr. Geo. Budd, F. R. S., author of works on the liver and stomach, died March 14, in London, æt. 74. =The University of Penna. has done away with flowers at its commencements. =Dr. John P. Gray has recovered from the injuries inflicted upon him by a lunatic. =Fournier has observed syphilis in 94 of 103 cases of locomotor ataxia. =The President of the Phila. Co. Medical Society gives occasional inexpensive receptions to the members. =The Cincinnati Academy of Medicine will give annually a prize of a gold medal, or \$50, to the member who contributes the most valuable paper. =Dr. Edward Warren Bey has been created a commander of the order of Osmanie by the Khedive of Egypt. =The *Medical News* points out the adaptability of women to the duties of retail druggists and wonders that they have not already sought this field of activity. =The Kentucky Medical Society has passed resolutions disapproving of the N. Y. code. =Through the bequest of Dr. E. L. Beadle, the N. Y. Academy of Medicine receives his library and \$5,000. =The Board of Overseers of Harvard College has decided against the medical education of women in that institution. =There are 4,000 children under 15 years of age in Paris totally blind. =In this state of things the Medical Faculty of Harvard Medical School, moved by the hopefulness of a few of their number, resolved that an effort should be made to raise another considerable sum by subscription, and in three weeks two members of the Faculty, almost unaided, procured the subscription of \$103,720. =*An. Report of President Harvard University*. =2,500 volumes were added to the Surgeon-General's library last year; 1040 to that of the College of Physicians of Philadelphia. =Exploratory abdominal incisions do no harm as the patients uniformly recover. =*Lawson Tait.*

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

THOMAS A. ASHBY, M. D.,

EUGENE F. CORDELL, M. D.

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WHOLE No. 87.

BALTIMORE, JUNE 1, 1882.

VOL. IX, No. 3.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### ON THE USE OF ELECTRICITY IN THE TREATMENT OF AMENORRHOEA.

BY E. BERNARD BROWNE, M. D.,  
BALTIMORE.

(Read before the Section on Obstetrics and Gynecology, of the Medical and Chirurgical Faculty of Maryland, Feb, 24th, 1882).

In considering the subject of amenorrhœa we may divide it into two classes:

1. Primitive amenorrhœa, in which the flow has never taken place. 2. Accidental or secondary, that is, the function has at some time been established, but has subsequently been suppressed.

In primitive amenorrhœa menstruation may be retarded for one or two years without any serious derangement of health. But generally a peculiar condition of the general system is observed, which is known as chlorosis or chloro-anemia, and frequently it is difficult to determine whether this degraded condition of the blood is the cause of or is caused by the amenorrhœa.

The normal action of the ovaries, as of other organs, depends upon their being duly nourished by a supply of healthy blood.

As Barnes states, the influence of the ovaries is at times strikingly manifested, as when, under the influence of marriage, ovulation being stimulated, the chloro-anemia frequently disappears.

There is no doubt but that the relative causal relations between insanity and menstrual suppression are greatly augmented by those reflex influences which are exerted upon the mental and cerebral disorders, and in turn upon the sexual organs which were originally diseased.

In all such cases, the return of the menses is to be looked upon as a favorable indication, for it is an evidence of an improved condition of the pelvic viscera, which is not unfrequently followed by a complete or partial restoration of the mental and physical health.

This may be considered a critical period for the woman, and the employment of means for the restoration of the menses is clearly indicated.



Although no one will deny the great etiological importance of the sexual system in the mental diseases of women, it is to be regretted that so little has been done to place these important relations in their true light.

This has resulted to a great extent from the so-called "moral" reasons, which have deprived the profession of those necessary opportunities for examination and investigation, the neglect of which may almost be considered a crime against science and humanity.

A short time since a discussion took place in the Baltimore Academy of Medicine upon the causal effect of amenorrhœa and suppression of the menses upon the nervous system, and more especially in producing insanity.

In this discussion it was generally admitted that there was no drug or medicine which could be considered a reliable emmenagogue in any given case.

The use of local irritants, and more especially the repeated introduction of the uterine sound, was recommended.

As I have had very satisfactory results from local use of electricity in these cases for the past five years, and as I believe it is the only truly reliable and at the same time perfectly harmless emmenagogue that we possess, I have concluded to bring the subject before the section to-night, and will read the history of four cases, which I have selected from my notes, representing the different forms of amenorrhœa that have come under my notice during that period."

November 30th, 1880.—Miss A. K., age 21, has suffered for four or five years with periodical headaches, accompanied with intense pain in the abdomen; has never had her menses, although she has taken medicine from several physicians for the purpose of bringing them on.

Thinking it useless to give any more medicine a vaginal examination

was made; the uterus was found small and measured  $1\frac{1}{2}$  inch in depth.

The faradic current was used, of moderate strength, the cathode to the cervix the anode to spine. The first application was made a few days before the expected time for the return of the periodic headache, at which time she noticed a slight show of blood, the first she had ever seen; her headache was much diminished and she had only slight pains in the pelvic region.

Her second menstruation occurred more freely, and her general health was much improved; by the third month her menstruation was about normal and her uterus measured  $2\frac{1}{4}$  inches. The application was continued once a week for three months; after the first month the cathode was passed *into* the uterus.

M. T., age 19, of small figure and defective development, was brought to me by her aunt, in August, 1879. Her aunt said that the girl never had her courses, but that lately she had been suffering with intense pain in her head, which occurred about once a month, and was generally relieved by the occurrence of a hemorrhage from the nose, which frequently continued for several hours. The girl had undergone a course of domestic medication, taken teas, &c., which had given her no relief.

Upon examination the uterus was found small, measuring only 1 inch, the cervix presenting the appearance of a small nipple projecting into the vagina; the external os was small, with difficulty admitting the smallest probe.

The faradic current was used as in the preceding case, and in about three months normal menstruation was restored; the girl developed and her general health became good.

Mrs. E. S., age 25, married four years, sterile, consulted me in July, 1877, for amenorrhœa and excessive pain. She had menses at the regular

time, but only a few drops.

She had taken medicine for some time previously for the purpose of procuring a freer flow, but no good effect had resulted.

Her uterus was found sharply ante-flexed, the cervix conical and indurated. It was thought that the ante-flexion was probably the cause of the amenorrhœa, but dilatation of the canal of the cervix and straightening of the uterus although overcoming the pain did not in a marked degree improve the quantity of the flow.

The faradic current was now applied, the anode with the uterine electrode to the cervix and uterine cavity, the cathode along the spine over the lumbo sacral junction.

A few applications at intervals of two weeks procured a normal menstrual flow free from pain.

February 17th, 1880.—Mrs. M. F., married, age 38, the mother of four children, had suppression of her menses for ten months, during which time she suffered with intense headache, flushes of heat, pain and heaviness in the abdomen and great amount of nervous excitement. The suppression was caused by getting wet during her last menstruation; at first she thought that probably the cessation was due to pregnancy, but after the sixth month she concluded that this condition did not exist and took remedies to bring on her courses.

Upon examination the uterus was found large and flabby, the cervical canal patulous, the probe readily passing in  $3\frac{1}{2}$  inches.

Local applications of iodine were used for some time with marked benefit to the uterus, and her general condition improved, but her menses did not reappear.

The faradic current was now used, the anode within the uterus the cathode to the spine; after the second month her courses returned, and had been regular up to a few months ago, when last seen.

The faradic current was used in nearly all the cases; the patient was placed in Sims' position; in the cases where the amenorrhœa was believed to be the result of defective development and anemia of the uterus and ovaries the negative pole was attached to a uterine electrode the size of a No. 12 sound (American scale), which was introduced into the cervix and uterus. The positive pole was applied by a sponge electrode to the spine over the sacrum.

In cases where the amenorrhœa was caused by congestion, chronic inflammation or hyperplasia of the uterus, the current was applied with the positive pole in the uterus and the negative to the spine or abdomen.

In several cases where the smallest uterine probe could with difficulty be passed into the uterus, the electrode would readily pass after a short application to the cervical canal.

In no case was any inflammatory symptom set up or did any unpleasant effects follow the application. Great improvement in the general health was generally observed, and symptoms of neuralgia, hysteria and nervousness were much benefitted.

307 Madison Avenue.

## STRABISMUS AND ITS TREATMENT.

BY HOWARD E. MITCHELL, M. D.,

Assistant Surgeon of the Presbyterian Eye and Ear Hospital of Baltimore, Md.

Strabismus, or, in untechnical language, squint, is the term employed to designate that abnormal condition of the eye which exists when there is a want of concordance of the optic axes.

Studying the anatomy of the eyeball, we find its motion controlled by six distinct muscles, differing in no respect, as to their structure and physiological functions, from those in other parts of the body. Four of these, the recti, are attached to the



globe of the eye in such manner, that, acting singly, they respectively impart an upward, downward or lateral movement to the orb; while the remaining two, the oblique, rotate the eyeball on its antero-posterior axis. Of these six muscles, the internal rectus is the one by far the most frequently affected, and we accordingly find that convergent strabismus, or, as it is commonly styled, internal squint, is the form we are usually called upon to treat.

The pathology of this variety of strabismus is not difficult to understand. The disease is not, originally, an intra-ocular one—or at least the refractive media and the sensitiveness of the retina may be perfect, and the fault be due solely to overaction on the part of some one of the muscles governing the movements of the eyeball.

As a rule it occurs in children who are congenitally hyperopic; that is, whose eyes are shorter in their antero-posterior diameter than is the normal eye, the consequence of which is that the parallel rays of light are brought to a focus behind the percipient layer of the retina instead of directly on the yellow spot of Sæmmering.

The disease does not, however, manifest itself in most instances at birth. Indeed, the parents of squinting children generally assure us that their little ones did not begin to be cross-eyed until they were two or three years old, and that the squint was at first alternate, or, it may be, only occasional; that when they advanced in years, however, and began to employ their eyes in reading or study, the obliquity speedily became permanent. The explanation of this is simple. In order to overcome the defect of hyperopic vision, the child is compelled to use his ciliary muscles, and to increase the convexity of his lens, even when looking at distant objects—an exertion of muscular

action that the normal or emmetropic eye is not required to make. The ciliary muscles are supplied by the motor oculi or third pair of nerves, which also supply the internal recti; hence the functions of these separate muscles are performed in unison, through their nerve centers.

The use of one accordingly necessitates a corresponding exercise of the other, and a given degree of convergence causes and accompanies an equal degree of accommodation. Now, as continuous exercise of any muscle or set of muscles has the effect to cause an extra quantity of blood to circulate through them, and as an increased blood-supply is invariably attended with increased nutrition and resultant strength, it follows that, by frequent use, the internal recti become stronger than their antagonistic muscles, and that a certain degree of convergence results, which is present even when the eyes are at rest. When the child begins to examine near objects a still greater amount of accommodation becomes necessary in order to enable him to sharply define them. This increased effort brings into play simultaneously the internal recti, and a corresponding degree of convergence follows. As there was already some convergence present before the accommodative effort was made, there now results a greater degree than is needful, and both eyes being directed to a point nearer than the object looked at, double vision, or diplopia, ensues.

In order to avoid this double image one eye is at once turned outward and directed toward the object. As a consequence the other eye immediately turns inward to a still greater extent than before. In case both eyes are equally hypermetropic and both external recti of exactly similar strength, it is a matter of indifference which eye is directed toward the object, and the condition known as alternate squint results.

But it seldom happens that nature provides us with two eyes of precisely the same degree of strength, and the universal law that the weaker must succumb finds no exception here. The stronger eye becomes the working eye, and the weaker eye the squinting one. We have already referred to the fact that increased action of a part is followed by increased development. The converse of this law is equally true. The squinting eye, therefore, grows constantly weaker and steadily undergoes deterioration. Hence it is of the highest importance that this defect should be corrected in early life, before the eye has become at all impaired for future usefulness.

The operation for strabismus is very generally regarded as one of considerable magnitude, attended with all sorts of vague dangers, and offering, at best, but uncertain promise of favorable results. Many parents, therefore, in their dread of imaginary risks and ignorant of, or overlooking the fact that each succeeding month but renders the squint more fixed and the eye, in consequence, more liable to permanent loss of perfect vision, catch at the delusive idea that the child will outgrow the deformity as his muscles become stronger, or that he will be able, when older, to more safely undergo an operation. This idea, unfortunately, is fostered by many practitioners, and in particular by those who have enjoyed no opportunity of acquiring the knowledge concerning this important organ that modern research has brought to light, and who consequently regard the science of ophthalmic surgery as especially recondite and difficult. In point of fact the operation is attended with neither difficulty nor danger. The little patient, by means of an anæsthetic sleeps quietly during its performance, and awakes in a few moments freed from its disfigurement and enabled to run its race in after

life unhandicapped by a useless member.

In order the more readily to understand the simplicity, and at the same time the effectiveness of the operation, let us revert for a moment to the anatomy of the organ.

The orbito-ocular sheath, or, as it is more generally called, the capsule of Tenon, encases the posterior portion of the eyeball, extending nearly as far forward as the margin of the cornea. This capsule consists of two layers, between which the recti muscles glide as they go forward for insertion into the sclerotic; and these layers being firmly bound to the tendons of the recti, as well as united to each other in the interspace between the muscles, and being at the same time attached to the sclerotic, it follows that when the tendon of the muscle is cut across, the eye does not fly unduly outward by reason of the action of the opposing muscle, but that the degree of its divergence is absolutely controlled by cutting more or less of the investing sheath. The successive steps of the operation are as follows: The patient having been placed under the influence of an anæsthetic, a stop-speculum is introduced and a fold of the conjunctiva nipped up with a pair of fine forceps, two or three lines from the internal margin of the cornea. This fold is then drawn over the points of a pair of curved scissors and cut through. The elasticity of the membrane causes the edges of the incision to gape open disclosing the capsule beneath, and this, in turn, being similarly treated, the sclerotic itself is exposed to view. A probe pointed strabismus hook is now passed through the opening with its point hugging the sclerotic and directed downward so as to get below the tendon. It is then swept around backward and brought upward to the opening against the conjunctiva which, being seized by the forceps, is carried over the point of the hook,



when the captured tendon becomes fully exposed to view. This should be severed between the bottom of the hook and the sclerotic. The hook should then be passed downward again to pick up any stray fibres that may have escaped. If none remain the operation is complete, and the hook may be swept around and brought up to the margin of the cornea without meeting with any resistance.

The subsequent treatment is extremely simple, a cold water application and a few hours rest being all that is requisite. The wound is an incised one in a vascular structure and a very short time suffices for its union. The eyelid affords both covering and protection, and by the next day nothing remains to indicate that an operation has been performed, except some slight ecchymosis, which is rapidly absorbed.

Divergent strabismus is much less frequent and is met with in near-sighted persons. Here the eyeball is longer in its antero-posterior diameter than it should be, and near objects have to be held so close to the person's eyes in order to obtain sharp vision, that the internal recti muscles are overworked. If this over exertion be too long continued the weaker muscle may refuse to act, and the antagonistic external rectus will at once draw the eyeball outward. Proper concave glasses in the earlier stages of this affection, by allowing objects to be held farther away from the patient and hence decreasing the amount of convergence, may correct this tendency; but if the squint has become established, tenotomy is the only treatment that can be successfully adopted.

In nearly all cases of marked strabismus, whether external or internal, it is necessary to operate upon both eyes. It is an error to suppose that the squinting eye alone is defective. Both are usually myopic or hyperopic. This can be easily verified by

holding a card before the straight eye and telling the patient to look with the squinting one at some distant object in front of him. If the eye behind the card now be observed it will be found to exhibit an equal amount of obliquity. This is called the secondary squint and is always equal in degree to the primary one.

Whenever necessary both eyes may be operated upon at the same time. It is preferable, however, to wait a few weeks after performing the first tenotomy before undertaking the second, as the defect then remaining can be more accurately estimated.

Another form of strabismus, by no means infrequent, and of much more serious import, is due to paralysis of one or more of the external muscles of the eyeball. In these cases the cause of the paralysis should be sought for, and, if possible, removed. If due to orbital growths or nerve pressure, other surgical interference may be called for. In many cases a syphilitic history can be obtained, and we may then safely consider the paralysis as a tertiary manifestation of that disease and expect good results if a course of mercury and the iodide of potash be persisted in.

Electricity is also of great value. The faradic current should be systematically used, the positive pole being placed over the paralyzed muscles.

As a last resort we may tenotomize the non-affected muscle, and at the same time advance its antagonistic one. By this means the deformity can be removed, even though no improvement of vision is secured.

Koch has found the bacillus tuberculosis in the expectoration of persons suffering from pulmonary phthisis in great abundance; injected into the circulation of an animal this expectoration quickly produced tubercular disease, whilst non-phthisical sputa contained no bacilli and did not injure the inoculated animals.

ABSTRACT OF A PAPER ENTITLED "A CONTRIBUTION TO THE PATHOLOGICAL ANATOMY OF LARYNGO-TRACHEAL PHTHISIS."

BY JOHN N. MACKENZIE, M. D.

He considered first *tumors of the larynx and trachea*. The author began by stating that papillary growths are common in laryngo-tracheal phthisis, being probably due to chronic hyperplastic inflammation of the connective tissue in the immediate neighborhood of tubercular ulceration. But upon diligent search he had been unable to find any record of well-defined, isolated, tubercular tumors of the larynx and trachea. The two following cases of the latter, however, had come under the author's observation in the Rudolph Hospital in Vienna. The post-mortems were made by Dr. Chiari, and the specimens referred to the author for microscopic examination. The first a *tubercular tumor of the trachea*, was taken from the body of a man who died of carcinoma of the stomach. Secondary cancerous deposits were found in the liver, kidneys, spleen, and other organs. The lungs, however, were tubercular. The pharynx, larynx and trachea were free from inflammation and ulceration. The bronchial and retro tracheal glands were enlarged and caseous. On the posterior wall of the trachea, three-fifths of an inch above the bifurcation was a circumscribed tumor the size of a bean. A similar growth was found in the pericardium. The former, which seemed to arise in the submucous connective tissue, was found under the microscope to consist of distinct miliary tubercular nodules implanted in hypertrophied connective tissue, the majority occupying the deeper layers of the mucous and submucous tissues. They exhibited all grades of degenerative change

some being so far advanced in caseation that nothing remained except the cellular wall. The tissues of the trachea in the neighborhood presented no remarkable change. The nodule in the pericardium showed a similar histological structure. All the other diseased organs were shown by the microscope to be cancerous.

Second, *tubercular growth of the vestibulum laryngis*. The patient died of pulmonary phthisis. The whole of the upper compartment of the larynx was covered with small nodular growths lying beneath the mucous membrane and about the size of a split pea; each merged into its neighbor so as to form a continuous growth. The granular condition ceased abruptly at the free borders of the ventricular bands. There was no ulceration visible. Microscopic examination showed a similarity in situation and appearances to the growth above described. The deepest seated nodules were farthest advanced in caseation. The tubercles lay in close proximity to the blood-vessels, compressing them in one or two places. The larynx was, with this exception, healthy. The lungs contained tubercular cavities.

The author next considered *tuberculosis of the laryngeal muscles*. In 1877, Fraenkel examined twelve larynges, some apparently healthy others presenting ulceration. He found constant anatomical changes, i. e. atrophy of the striated muscles. This was due in some cases to the pressure of new-formed cells in the connective tissue between the primitive bundles.

Posadsky confirmed these observations except the interstitial connective tissue change, and showed similar changes in the muscles of the extremities, intercostals and diaphragm. Heintze is unable to confirm these statements but thinks that tubercular infiltration of the tissues is sufficient to explain the anomaly in the voice. This observer discovered tubercle



imbedded in the muscular tissue of the deeper laryngeal structures, an extreme rarity according to him. Dr. Mackenzie then related a case in which he had made similar observations to those last recorded. In a patient dead of pulmonary phthisis, with cavities in both lungs, several ulcers on epiglottis and adjacent parts presented microscopically the usual appearances of tubercular infiltration and ulceration. To determine the condition of the muscular tissues, sections were made through the arytenoid cartilages and the muscles attached to their bases. Distinct miliary tubercles were found deposited in the substance and between the muscular fibres, and the fibres themselves were altered. The tubercles were imbedded deeply in the muscles near their insertion into the arytenoid cartilages, and wholly unconnected with the tubercular infiltration of the mucous membrane covering the larynx in that situation. They produced ampulliform dilatations of the fasciculi, in the midst of which they lay. The central fasciculi apparently passed through their substance or ended abruptly at it in a mass of small round cells. The tubercles were typical. Surrounding the fasciculi was found an abundant round-cell infiltration. The most noticeable changes in the primitive bundles themselves was increase in the number and size of the muscle cells. In some places the striation was indistinct or wanting or the muscular tissue converted into a granular detritus.

The author was inclined to regard the granulo-fatty changes in the muscular fibres as the result of disturbances of nutrition induced by chronic inflammation rather than as an integral part of the tubercular process.

STEPS have been taken to raise \$25,000 for the endowment of a Chair of Pathology at the University of Glasgow.

## ABSTRACT OF A PAPER ENTITLED "THE CITY NEEDS A CHANGE OF AIR."

BY RICHARD MCSHERRY, M. D.

The great desideratum of Baltimore, said the author, is pure air. Good water we have and good food in abundance, but the air we breathe is, like that of most great cities, so polluted that adults grow ill and children die of it by thousands, especially during the summer heats, with each recurring year. We no longer now regard the air as composed only of gases but as containing also innumerable low organisms, some of which have already been the subjects of definite researches. The author then referred to the investigations of Klebs, Tommasi-Crudeli, Sternberg, Eklund and Saulsbury into the supposed germs of malaria. Such organisms flourish upon soil recently upturned, and this may account for much of the recent insalubrity of Baltimore where the streets have been so extensively dug up by rival gas companies. Germs unquestionably exert a tremendous influence upon the human race. Here followed some considerations relating to the germ theory. Such germs are likely to concentrate where there are crowds of men or animals, as in cities, hospitals, schools, jails or camps. The greater mortality in cities, especially among children, is due almost entirely to ochlesis. The air is poisoned from the unhealthy emanations arising from a vast collection of decomposable refuse. The 80,000 cesspools of Baltimore pollute the air, earth and water. Dogs compelled to breathe air from cesspools were affected with fever and intestinal trouble (Barker), and similar effects are produced in man. A striking instance, coming under the author's own observation, was related in which a family was thus poisoned, two of its members (children) dying of cerebro spinal meningitis. It is a

mistake to suppose that cesspools a little remote from the house and covered and concealed from view are free from danger; they become thus more dangerous, the absence of light and fresh air, and the dampness and foulness of the putrescent mass adding to the malignancy of the emanations. Elegant country residences, and the great hotels resorted to in summer, often become sources of disease to those inhabiting them, from this source. The author disagreed with Mayor Whyte in thinking the sewerage question in Baltimore one of easy solution in practice, whatever it may be drawn on paper. The separate system (that of Memphis), preferred by Col. Waring, Mr. Chadwick and others, and suggested for adoption in this city by Mr. C. H. Latrobe, is no doubt the best as a general rule, and it would obliterate the cesspools and with them the principal source of the now fearful pollution of the air of Baltimore. But besides the magnitude of the work and its great expense, it can only be considered but a "pioneer movement" and liable to failure, or, at most, probably only partial success. The mortuary statistics of Memphis show that that is still among the most unhealthy cities in America, and that the system has not redeemed it as might have been hoped and expected. With some sanitary changes not difficult of accomplishment, Baltimore can afford to wait until some system is proved by time and use to be fully worthy of adoption. Perfect satisfaction has not, to the author's knowledge, been attained to in the sewerage of any great city, nor do the facts or opinions adduced promise any "easy solution" of the problem. He thought the City Council had not given the subject the serious consideration it deserves. In view of the uncertainty prevalent with regard to the subject, he thought it doubtful if the proposed system would prove to be more satisfactory than those already

in use. However, the author did not sanction passive indifference upon the subject of sanitation. Much can be done and at small expense: Every pit that does not reach water should be cleaned out to the bottom and filled with dry earth; those that reach water should be kept clean and disinfected. Each should have a soil-pipe reaching above the roof, and the draught would be promoted by having it pass up from the kitchen chimney or by introducing a gas jet into it. The author then recommends that earth-closets be used instead of water-closets. Decomposition about houses and streets should not be allowed, but decomposable matter, including sewage should be applied to the fertilization of the soil; sending it to the river or sea is a great economical mistake.

Liebig contends that whole regions in the East are desolate from a want of appreciation of this fact. The contents of the earth closets, therefore, should be carted away, just as garbage and manure is, to be converted into poudrette; the material would pay a considerable part of the expense of removal. Liquid dejecta should be received in metallic tanks whence they could be removed by the processes used by the odorless companies; or metallic cylinders, such as Mr. Winans placed in his tenement houses, might take the place of both tanks and earth closets. Skillful sanitary inspectors should be attached to the Health Department, who should look after streets, alleys, streams, cellars, yards and cesspools. Clean, dry and airy cellars are of extreme importance.

It is in our power to correct, measurably at least, the evil of foul air, and to reduce the mortality in our city from 20 to 15, 12 or possibly 10 per thousand, and this can be done while the engineer and sanitarian are finding out the most effective and economical methods of sewerage.



The sanitary reforms under Gen. Butler, in New Orleans, cannot be forgotten. We ought to be cautious in selecting a system of sewerage and beware of monstrous mistakes.

### SOCIETY REPORTS.

#### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD JAN. 21ST, 1882.

(Specially reported for the Maryland Med. Journal)

**GLYCERINE IN PILES.**—*Dr. J. C. Thomas* reported the case of an old lady suffering from internal piles—at times protruding—for many years. He gave her glycerine, ʒii night and morning in a wine glass of water, and under this she got completely rid of them.

*Dr. Taneyhill* reported the case of a young lady with severe protruding piles, whom he had treated with glycerine, as suggested by *Dr. Thomas*. After six weeks there was no vestige of the disease, and there has been no return after an interval of two years.

**GONORRHOEA OF RECTUM.**—*Dr. Morris* reported such a case in a lady. It did not arise from unnatural practices. The symptoms were pain, spasmodic contraction, formication, &c. The treatment consisted in applying nitrate of silver thoroughly to the everted rectal mucous membrane.

**CARBOLIC ACID INJECTIONS IN HEMORRHOIDS AND CARBUNCLES.**—*Dr. Powell* had been consulted last summer by a gentleman who had lost ½ tablespoonful of blood from the rectum daily for several months. A small tumor was discovered within the anus. Three years ago he had nitric acid applied. His spirits were wretched. Under the local application of ergotine (gr. xx to ʒi) five or six times he was entirely relieved. He has regained his spirits, increased in weight 20 pounds and has had no more hemorrhages. The application was made every third day.

*Dr. Uhler* recommended a seton of silk dipped in carbolic acid and passed through the pile. Has also used carbolic acid injections, sometimes with resultant pain, sometimes without. Employed the glycerine in one case without effect.

*Dr. Tiffany* has injected astringent fluid extracts into the mucous membrane. He uses a sharp needle, introduces very gently and injects very slowly. Some swelling and oozing of blood ensue, after which the piles dry up.

*Dr. R. McSherry* quoted from a letter received from *Dr. W. O. Baldwin*, of Montgomery, Ala., on the treatment of carbuncle and hemorrhoids by carbolic acid. After speaking of the treatment of carbuncle as published by the last *Dr. J. C. Nott* (crucial incision and free application of undiluted carbolic acid to the cut surfaces) which never fails of satisfactory results, *Dr. B.* added: "But what I wish to tell you is of another mode of applying the carbolic acid and which is better, neater and less painful than the knife and which is this: As soon as you are satisfied that the inflamed tumor is carbunculous, inject it with undiluted carbolic acid through an ordinary hypodermic syringe, at two or three points, throwing in from one to two or three drops at each puncture with the needle. The pain produced by the carbolic acid is trifling, and will pass off in a few seconds or minutes, and after a day or two or three, the indurated portion sloughs out and recovery from the time of the injection is almost entirely without pain. The same treatment is applicable to hemorrhoidal tumors. For the radical cure of this very common and annoying trouble I have lately laid aside entirely the knife, ecraseur and ligature for the injection of carbolic acid and am never disappointed. The operation is simple, easy and bloodless, and just as sure to be followed by a cure if properly

done as intermittent malarial fever is by the proper use of quinine."

*Dr. Powell* attended *Mrs. C.* with erysipelas of the face and a large carbuncle of the right side of the neck. To the surface of the latter (it not being open) was applied carbolized oil (3i to 5vii). Three days later a second carbuncle appeared on the left side of the neck. Hypodermic injections were then made into the base of the carbuncles of a few drops of the liquified crystals of the acid. This was continued for six weeks, accompanied by the passage of cotton saturated with same, on a probe, to the bottom of the opening and oakum dressing. Under this treatment, whilst there was an immense quantity of pus passed, there was no decided slough, nor excavation, and the muscular tissue was not affected. A third carbuncle formed and was treated likewise. After six weeks only a discoloration remained without puckering, excavation, stiffness or loss of muscular tissue. The injections caused no pain, whilst they relieved that of the carbuncles. He had never seen any remedy act as well in this affection.

*Dr. Chisolm* said that in furuncles of the external ear painting the surface with pure carbolic acid was the best treatment.

*Dr. Tiffany* used the carbolic acid injections during a whole term of hospital service (three months) for hemorrhoids, giving thirty to forty injections altogether. It caused diabolical pain, as severe as he had ever seen made by a surgeon. For a number of years he has used a strong solution (1-10) of the same agent, for injecting carbuncles. Twenty or thirty injections are made. These cause the carbuncle to abort. He never saw a carbuncle spread after the first injection. The pain produced is always great but it passes off in a short time.

*Dr. Powell* related the case of a coachman with a carbuncle, to which was applied constantly for five days a

twenty per cent. solution of carbolic acid in oil. He was well on the fifth day, whereas a month was to have been expected. He was also free from pain from the first application.

*Dr. Murdoch* had suffered from a carbuncle, which was cut by a medical friend; he immediately went down stairs and smoked and was well in a week. A friend slept none for three days on account of a carbuncle, but was able to sleep the first night after a crucial incision was made through it.

**PYROPHOSPHATE OF SODA IN FURUNCLES.**—*Dr. J. C. Thomas* referred to good effects obtained in aborting furuncles by using 20-grain doses of pyrophosphate of soda, three times daily, in solution.

*Dr. Powell* had employed it frequently. It is very insoluble and the most nauseous of all remedies. As soon as it is swallowed it is thrown up, and hence it is of little practical value.

*Dr. Chew* thought it had some effect in preventing the formation of furuncles.

*Dr. McSherry* had used sulphide of calcium frequently for some years, gr.  $\frac{1}{4}$ , three or four times a day. It seems to have the same effect.

**VACCINAL ERUPTIONS.**—*Dr. Powell* referred to a case of a child, two or three years old, not previously vaccinated, in which an eruption followed vaccination resembling measles. There were no pimples nor vesicles.

*Dr. Morris* had had a similar case; the eruption was especially marked about the legs.

*Dr. McSherry* said eruptions do not prove that vaccination has taken with better effect. Eczema, roseola, &c., are often due to the condition of the patient's system.

**INSUSCEPTIBILITY TO VACCINIA.**—*Dr. O'Donovan* referred to a person who, after being vaccinated 200 times without effect, then "took" perfectly. She had been vaccinated every week or ten days during her infancy, some



twenty or more times by himself.

*Dr. Morris* referred to a gentleman who had been trying all his life to get vaccinated, but had failed until recently.

## BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD MARCH 13TH,  
1882.

(Specially reported for the *Maryland Medical Journal*).

CHRISTOPHER JOHNSTON, M. D.,  
President, in the Chair.

The Association was called to order at 8.35 P. M., eighteen members being present.

**IDIOPATHIC MENINGITIS WITH SLIGHT CHEST SYMPTOMS.**—*Dr. Gibbons* reported the following case: A boy, æt. 7, in perfect health before, got up one morning complaining of headache; he ate but little breakfast, was drowsy and inattentive at school, and returned home looking pale and feeling sick. At 2.30 P. M. he had a severe convulsion. *Dr. G.* was called in at this time, and when he reached the patient found him with a wild expression, hot skin, rapid pulse, dilated pupils and constantly humming tunes. He took no notice of questions asked him, seeming to be unconscious of what was going on around him. The convulsion was repeated at 6.30 and 10.30 P. M., notwithstanding the use of sedatives and other remedies. At 7.30 P. M. the temperature was 105°, pulse 120, respiration 30; bromide and iodide of potassium were now ordered in ten gr. doses, alternately, every two hours, with one drop of tr. aconite added to each. The next morning the pupils were contracted, there was rolling of the head, temp. 105.2°, pulse 140, resp. 48. At 5 P. M. temp. had fallen to 101.5°; three grs. of hydrobromate of quinia (*Andrews & Thompson's sol.*) were given hypodermically. At 10 P. M. the temp. had risen to 105°, and the hypodermic was repeated. On the

third day of the illness the morning temp. was 103, the pulse 120, resp. 36; the pupils responded to light and the patient was more conscious, being able to recognize those around him. There was limited dulness with pain at the base of the right lung. Eight grs. of quinine were given in the evening, and the bromide continued. Severe headache complained of. Fourth day, morning temp. 104°, pulse 130, resp. 36; cough. Eight grs. quinine given with a fever mixture. Evening temp 101.5°. Cough continued troublesome during the following days. On the seventh day evening temp. was down to 98°, with moist skin. Headache ceased. On the eighth day the temp. was down to 96.5°, but on the ninth day again went up to the normal, at which time the patient said he felt well. Nothing further of interest was noted in the case except a slight rise of temp. on the tenth day and occasional cough, the patient recovering entirely in a few days. There was no account of injury to the head in this case.

Several members objected to the diagnosis of the above case. *Dr. Arnold* regarded it as a typical case of pneumonia as it occurs in childhood.

**BRAIN SYMPTOMS CAUSED BY THE INGESTION OF BEANS IN A CHILD.**—*Dr. Sellman* reported the case of a child 18 months old who became unconscious, with opisthotonos, tossing about, &c. The mother had lost three children from tubercular meningitis previously, and this child was also naturally supposed to be affected with the same disease, but diarrhœa set in in a few days and was followed by the discharge of a number of beans which had been given to the patient upon the advice of a neighbor two weeks before the development of the brain symptoms, to overcome constipation. *Dr. Sellman* believed that the whole trouble was attributable to enteritis excited by the beans.

HYSTERICAL DISORDERS.—*Dr. A. B. Arnold* read a paper upon this subject and related the following:

1. A German woman, æt. 36, as the result of the death of her husband, had a feeling of painful constriction about the heart. The thoracic organs showed no signs of disease. Her menses were regular though scant.

2. A boy, æt. 14, had paroxysms of asphyxia, terminating with symptoms of hysterical spasms and delirium. There was no sign of heart disease. He was believed to be a masturbator.

3. A woman with some uterine trouble had attacks in which she fell back on her pillow, pallid, pulseless and motionless like a corpse; there was apparently perfect suspension of animation, the action of the heart always ceasing and the patient being to all intents and purposes dead. Many such attacks occurred daily, and lasting about forty seconds. The return of circulation was very gradual. These attacks were cut short by the nitrite of amyl. This patient repudiated the idea of hysteria.

4. A bed-ridden elderly lady had rhythmical motions of the lower limbs, with wave-like motions of the bowels accompanied with borborygmi. The cause of these troubles was not apparent.

5. A girl, of German parentage, had been affected with permanent flexion of the ring finger of her right hand. Her whole arm thus became stiff and spasmodically contracted and her hand livid; straightening the limb produced cramps. Occasionally the jaws were tetanically closed. The spasmodic movements gradually spread over the body causing a condition resembling tetanus. At this time a large dose of chloroform did not produce anæsthesia, but only temporary relief; a large dose of morphia hypodermically did not cause narcosis. Two grains of calabar bean were given hypodermically in one night

without effect. The spasms continued for six weeks, then suddenly ceased. She then resumed her work at the sewing machine, when the trouble returned as badly as before. Dr. Arnold exhibited some illustrations showing the varied and curious positions assumed by this girl during these attacks of hysterico-epilepsy (Charcot). Dr. Arnold stated his belief in a morbid state of the inhibitory nerve-centres as the cause of hysteria.

*Dr. Ashby* referred to a case of hysterical coma in a young woman, æt. 23, admitted to the Baltimore Infirmary. For thirty-six hours she laid without signs of life except a normal pulse and respiration. After the failure of other remedies, she was roused by a few whiffs of chloroform, when she began immediately to abuse the attendants.

*Dr. Gibbons* referred to a man who could suspend animation at will. Seeing him in one of these attacks Dr. G. decided—as pulse and respiration had both ceased—that he was dead, whereupon he roused.

CREMATION VS. BURIAL OF THE DEAD.—*Dr. Gilman* opened this subject with a paper in which he claimed that, viewed in a sanitary, sentimental and economical point of view, cremation was to be preferred to burial in the disposal of the dead. He then moved the following resolution:

*Resolved*, That as a sanitary and economical measure, as well as a sympathetic procedure, cremation is, by far, to be preferred above any other mode of disposing of the body after death.

The subject was discussed by Drs. Uhler, Morris and Arnold in the affirmative and Drs. Jones, Perkins, Monmonier, Ashby and Smith in the negative.

*Dr. Jones* thought as a medical society we had nothing to do with it; it was not a matter for us to consider.

*Dr. Perkins* had seen the crematory in Milan and was so unfavorably im-



pressed that he would vote against the resolution.

*Dr. Monmonier* said it was a barbarous custom, a relic of heathen times, and all those who practised it were irreligious people. It has not yet been established as a scientific truth that cemeteries cause disease. There had been no complaints from those within this city, except in one case in which a body was placed in a vault.

*Dr. Ashby* thought the medico-legal aspects of the question deserved consideration. Cremation renders the performance of *post-mortems* an impossibility.

*Dr. Arnold*, as a medical man, agreed with the general sentiment of the profession that cemeteries are detrimental to health. In cremation burial alive is rendered impossible. More have been buried alive than criminals have evaded the law by cremation.

*Dr. Ashby* moved that action upon the resolution be postponed until the next meeting.

*Dr. Monmonier* moved that it be laid upon the table. *Dr. Monmonier's* motion was lost and *Dr. Ashby's* adopted.

## OBSTETRICAL AND GYNECOLOGICAL SECTION.

MEDICAL AND CHIRURGICAL FACULTY OF  
MARYLAND.

REGULAR MONTHLY MEETING HELD  
FEB. 24TH, 1882.

(Specially Reported for the Maryland Medical Journal).

*Dr. Opie* in the Chair, and *Drs. H. P. C. Wilson, Erich, Browne, Ashby, Morris, A. Atkinson, Reiche, Green* and *Cordell* present. The meeting was called to order at 8.30 P. M. and the minutes read and adopted.

USE OF FORCEPS.—*Dr. H. P. Wilson*, alluding to the diversity of practice with reference to the use of the forceps, spoke of a country physician on

the Eastern Shore, with a large practice for forty-five years, a vice-president of the M. and C. F., who had never used the forceps in his life.

*Dr. Morris* referred to a prominent physician in this city, forty years in practice, who had a similar experience; also to another who had only begun to use them within the last six months.

PLACENTA PRÆVIA.—*Dr. Morris* reported a case of placenta prævia. The patient had reached the seventh month. She had been bleeding profusely for a week. There was partial presentation; the os was the size of a dollar and dilatable. The membranes were immediately ruptured and a foot drawn down. The hemorrhage ceased as soon as the buttocks came down into the os, acting thus as a wedge. His rule is to introduce the hand through or around, to bring on labor and thus stop hemorrhage without regarding the kind of placenta prævia.

*Dr. Erich* follows a similar procedure.

SHOULDER PRESENTATION CONVERTED INTO VERTEX PRESENTATION BY MANIPULATION.—*Dr. Erich* reported the following case: He was called to see a woman in labor. The arm presented in full length, also the cord which was not pulsating. The foetus was already dead. The midwife in attendance had attempted to seize the feet and turn but had failed. *Dr. E.* tried the same but failed also. Under chloroform he then pushed up the arm, and by external pressure converted the shoulder presentation into a vertex one and then delivered with the forceps.

*Dr. H. P. C. Wilson* referred to the case of a young woman from Virginia who came to him with a ruptured perinæum, the recto-vaginal septum being split for  $1\frac{1}{2}$  to 2 inches. Her uterus was also lacerated bilaterally. These lesions occurred in her first confinement. Her infant is said to have weighed 17 pounds and 10

ounces. For  $2\frac{1}{2}$  months she had required to be relieved by the catheter. One operation has been performed and two others will be necessary for her cure.

*Dr. Morris* was skeptical about great weight in new-born children. Of about 2,000 seen by him, none weighed over 12 pounds. He had had one case, however, in which the child measured 24 inches in length.

*Dr. Wilson* had never seen a new-born child which weighed over 11 pounds. In one case the friends reported the weight to be 14 pounds, but it turned out to be but  $7\frac{1}{2}$ , a mistake having been made in the use of the weights. Nurses weigh with the clothes on, and furthermore are anxious to make the charge as large as possible. It gratifies all mothers and friends to have very heavy children.

*Dr. Ashby* had carefully weighed but two new born children, the weight of which was 9 and  $9\frac{1}{2}$  pounds. He alluded to a giantess who gave birth to a dead-born foetus which weighed 24 pounds.

A letter was read by the Secretary, from *Dr. Williams*, stating the impossibility of his attendance at the meeting, when, upon motion of *Dr. Morris*, the paper upon "Ergot," which he was to have read, was postponed until the next meeting.

*Dr. B. Bernard Browne* then read a paper upon TREATMENT OF AMENORRHOEA BY ELECTRICITY which is published elsewhere in this number. In answer to *Dr. Ashby*, the author said he had used Thomas' galvanic stem, but found it to excite so much pain that he had abandoned its use. In many cases it would have been impossible to use it.

*Dr. Wilson* had also employed the same agent in a great many cases but never with benefit. In the class of cases spoken of by *Dr. Browne*—undeveloped uterus—the electric current is the best agent. A girl died in a decline at the age of 24 or 25, who

had never menstruated. He used electricity in this case without benefit. If he had to treat a similar case, and all things else failed, he would remove both ovaries. Her uterus was of normal size, and there was nothing to be discovered per vaginam. She was not in good health from the time for commencing menstruation to the onset of the lung trouble. He referred to three cases, from 17 to 19 years of age, all amenorrhœic. One was externally well developed, a healthy specimen, but the uterus was rather under size; the other two were illy developed. Electricity formed the chief treatment in these cases.

*Dr. Erich* did not think so much importance should be attached to mere absence of the menses without other symptoms of ill health. Amenorrhœa is merely a symptom of some constitutional disease or of defective development. If the former, then the disease upon which it depended should receive the attention of the physician; if the latter, then it might be safely left alone. There was generally no physical suffering connected with simple amenorrhœa except in cases of obstruction to the exit of the menstrual fluid. The only bad effect of amenorrhœa was psychical; mothers imagine that if their daughters' menses do not appear regularly serious results will follow. If the patient can be made to believe that the amenorrhœa in itself means nothing, the symptoms depending on the fancied disease will soon disappear. In his experience, amenorrhœa not the consequence of constitutional disease, did not cause any symptoms. He cited the case of a young woman 24 or 25 years of age, the picture of perfect health, but who had not menstruated for several months. Her relatives became anxious and suspected pregnancy. On examination an undeveloped uterus was found, the uterine canal having a depth of only  $1\frac{1}{2}$  inches. No treatment was insti-



tuted, and the menses returned without causing any trouble. He could not see the reason for such a serious operation as removal of the ovaries in Dr. Wilson's case. He doubted the wisdom of magnifying a trifling ailment to such a degree. Where amenorrhœa is associated with serious constitutional disease, it would be more rational to regard the latter as the cause and not as the consequence of the amenorrhœa.

Concerning the use of electricity in this condition, Dr. Erich said it acted only as a harmless stimulant; any other stimulant acting as intensely and as harmlessly would be equally as effective. As electricity was applied by Dr. Browne he did not think the current would pass through the uterus. If one electrode were applied to the fundus and the other to the os, then the current would pass through the tissue of the organ and thus act as a powerful stimulant. (Dr. Erich showed a pair of electrodes for applying electricity to the uterus in this manner. He found it very effective in producing contractions of uterus in cases of post-partum hemorrhage).

*Dr. Browne.*—As he applied the electricity he not only secured the local effect on the uterus but upon the sacral plexus and spine as well. He considered these important points.

*Dr. Wilson* did not believe a woman could be in health and not menstruate. He believed the trouble in the case cited was due to the disease of the uterus. He agreed with Dr. Browne in the method of using the electrodes.

*Dr. Erich* dissented from the idea that amenorrhœa was in itself serious. He did not deny the influence of the uterus, but constitutional trouble is a more frequent cause. Women have health before they begin to menstruate and after its cessation. He referred to a gentleman, corpulent and hearty, who had yet lost all sexual

desire, not having had relations with his wife for years. The specialist sees cases of local origin more frequently, perhaps, but these are not the most numerous in practice. The object of electricity is to bring on an afflux of blood to the uterus. It is not the only means of affecting this; a sponge tent used once a month is also effectual.

*Dr. Wilson* agreed that cases of amenorrhœa occur which are due to constitutional troubles, and are relieved by the use of tonics, alteratives, &c. But in cases cited by him the uterus was undeveloped, or the internal surface was diseased, as shown by roughness on passing a probe; and it is these conditions, and the amenorrhœa, to which they give rise, which produce the ill-health and require to be rectified.

*Dr. Erich* said disease of the mucous membrane of the uterus generally produces metrorrhagia not amenorrhœa. If the amenorrhœa due to defective development were a bad symptom, we ought to have coincident plethora, which is not the case. Convincing these patients that their amenorrhœa is not a serious condition will often alone relieve the mental trouble just as in cases of spermatorrhœa.

*Dr. Browne* said there could be no doubt that women with undeveloped uteri do have the menstrual molimen. He referred to two cases of absence of the uterus, confirmed by *post-mortem* examination, one reported by the late Dr. Thos. R. Brown (*Amer. Jour. Med. Sci.*, Oct., 1872), the other in first volume of *Trans. Amer. Gynecol. Soc.* Both of these suffered from symptoms of suppressed menstruation. He could not agree with Dr. Erich's statement that the suffering produced by amenorrhœa was altogether imaginary, or that these cases needed no treatment.

The discussion was then closed.

*Dr. Erich* was requested to open the discussion of metrorrhagia at the next meeting. The Section then adjourned.

## EDITORIAL.

CONSUMPTION A GERM DISEASE.—The investigations of Koch, into the real nature of the contagium of tubercle, complete as they seem to be in all their details, may well be regarded as constituting an epoch in the progress of medicine. The results were for many reasons to be expected, and are but confirmatory of a growing conviction on the part of the profession of the parasitic nature of tuberculosis. Schüller and Aufrecht had already minutely described bacteria found by them in tuberculous matter, but Koch has established the invariable presence of such organisms, and has placed their causative relations apparently beyond doubt by isolating them from all other elements of tubercle and producing tuberculosis by introducing them into the living body. Baumgarten, of Königsberg, who has been engaged in similar researches, has also very recently discovered rod-shaped bacteria, an illustration of which is given in the last number of the *Centralblatt f. d. Med. Wiss.* It is somewhat startling to think of the human lung as infested with myriads of living organisms, feeding upon the tissues of the victim, and spreading havoc not only throughout his own body but possibly through those of many others in association with him who live in fancied security. Without allowing our enthusiasm on the subject to lead us to extremes, we may contemplate with much satisfaction the light which these researches must throw upon the prevention and treatment of one of the most destructive enemies of the human race—consumption.

THE SEWERAGE OF MEMPHIS.—The sewerage of Memphis is considered as a test case of the value of the separate system there adopted, and its author, Col. Waring, acknowledges that his reputation as an engineer depends upon its success. The inhabitants themselves consider the result as already highly satisfactory, and have had their jubilee in its honor. Still the statistics indicate a decided increase in the mortality, and this is attributed by many to the Waring system. For instance, the total mortality

during the year 1880, during which the system was introduced and in partial operation, was (according to Dr. R. Maury, *Med. News*, Feb. 11) 1054, whilst in 1881 it was 1276. During the last quarter of 1881, however, it was a little less than during the same period of the previous year. The increase was principally observable in dysentery, diphtheria, consumption and acute diseases of the respiratory organs; the figures for malarial fevers were nearly equal. According to the same authority, the system—through which he claims the evils of sewer-gas and soil pollution have been removed—cannot be held responsible for the increased mortality. A sufficient cause is found by Dr. Maury in the moisture of the soil and in the contaminated water supply. Col. Waring, who has been constrained by the unfavorable criticisms of his work, to make an explanation in regard to the "death rate of Memphis" (*Am. Architect*, March 25th), acknowledges the accuracy of Dr. Maury's statements, and adds that the sewerage was only one item of the sanitary improvements recommended in Memphis; that no change has been made in the control and source of the water supply, which is still obtained from a point dangerously near to the outfall of the sewers, drainage from slaughter houses, &c., and exposed to a back flow during high water in the Mississippi river; that the outlet into the river has never been constructed; that the subsoil drainage has been carried out practically *only to one-third the extent recommended*; that the foul and dangerous condition of the bayous renders it impossible to extend the system to one of the worst sections of the city, almost in its heart, which is consequently as great a menace to the place as it ever was, &c., &c. He, therefore, claims that his system is subjected to discredit from the failure to make it complete and to supplement it with other work equally important.

Sewers, he says, are but one element of municipal sanitary work and cannot take the place of other necessary things.

If these statements are true, and we see no reason why they may not be implicitly accepted, there are causes suffi-



cient for the high death-rate without blaming it upon the but partially-introduced and imperfectly executed system of sewerage. "The simple fact of having a system of drains and sewers does not of necessity bring immunity from diseases; the system must be well designed, well executed, and well cared for."—*Latrobe*. What has been already achieved, even under the unfavorable circumstances prevailing in Memphis, has convinced many of the value of the Waring plan, and has caused it to be adopted in Norfolk and in our own city. Our abundant water supply, the adaptability of our surface for drainage, the abundance of our means, and the zeal with which the work will probably be prosecuted, give us advantages for such system which few cities possess, and we cannot but share in the opinion expressed by Mr. Latrobe that "the separate system is the one which he would recommend as best adapted to our present and future needs."

BOSTON CORRESPONDENCE.—A recent number of the *Bost. Med. and Surg. Journal* (April 27th) contained a letter from this city which is so full of errors that one might easily suppose it to have been written in Boston rather than in Baltimore. It needs attention all the more because it has become so much the custom of late to misrepresent us that many are disposed to ask: "Can any good come out of this Nazareth?" Whilst willing that our city shall bear such discredit as is justly due to its professional shortcomings and offenses, we are determined that no statement concerning it shall go unchallenged that is not in strict accordance with the truth. The most objectionable clause in the letter is that which says: "We have now three schools of medicine, one giving a degree after two years of study—the others, for the formation of both of which we have to thank (?) Dr. Edward Warren, late of Egypt, now of Paris—giving degrees after one year's study." Now the only medical school at present in existence in this city, in the founding of which Dr. Warren had any share, is the College of Physicians and Surgeons, established in 1872. The Baltimore Medical College

was instituted in 1881 when Dr. Warren was several thousand miles away. The Washington University School of Medicine, in the *reorganization* of which Dr. Warren participated, ceased to exist as such in 1877. These facts are well known to members of the profession here, and it is somewhat singular that the Boston correspondent should have been ignorant of them. Next, as to the one year's study. We not only have a verbal denial of this from the Dean of the College of Physicians and Surgeons, but the matter was deemed by him of sufficient importance to demand a written denial, which appears in the *Boston Med. and Surg. Journal* of May 18th. The Dean of the Baltimore Medical College, Dr. Wm. R. Monroe, has sent us a written denial to the same purpose. Of the 17 graduates at the close of the first session of this school three (he tells us) had already obtained their degrees elsewhere, whilst the others had attended one or more courses of lectures in other institutions. Any one who knows these gentlemen will require no further evidence than this.

These are the most glaring errors in the letter, but we find several other mis-statements which give discredit to the whole; for instance: that the Peabody Library numbers "about 90,000 volumes;" the exact number at the date of this writing (May 24)—as we learn from the librarian himself—being 75,458. The writer further says that "no works of fiction are bought," whereas an examination of the catalogue will show that all the standard writers are represented. Speaking of the Johns Hopkins Hospital, he says that all the plans are contributed by the "Hub;" the fact is that they originated solely with Messrs. Niernsee & Son, architects, of this city, who, as their accent plainly shows, are not "Northern" men, but of foreign birth.

Again, he says: "We are now also threatened with a female medical college." A little inquiry would have convinced him that such an institution had been organized and incorporated two months before he wrote, and at the date of his writing was already located in a central and conspicuous situation and engaged in clinical work; so that instead

of saying "we are threatened," he might have said "we are actually infested."

**THE TONER LIBRARY.**—It was with deep regret that we yielded up the hope of securing this valuable collection for the use of the profession of Baltimore. The offer of Dr. Toner was certainly a most generous one, but without some special and individual response the task of raising the amount requisite to purchase the ground and erect the fire-proof building (as required by him) was one so hopeless that even the most sanguine and enthusiastic of us shrank from it in dismay. The chief value of the collection lay in its antiquity and rarity; alone it would have been of but little practical use to us, but supplemented as it would have been by our own library with its now splendid collection of journals, and its increasing supply of modern works, it would have added very materially to the size and pretensions of our literary resources. The disposition which has been made of it, whilst evidently not that which the donor most desired, is the best, so far as we are concerned, that could have been made next to that of having it our midst.

**THE ACADEMY OF MEDICINE AND THE TEN-YEAR CLAUSE.**—The feature which more than any other has distinguished the Baltimore Academy of Medicine from its sister medical societies in this city, is the regulation which requires that applicants for membership must have been engaged in practice at least ten years before they can become eligible. As some important changes in the constitution and mode of procedure are proposed at the next meeting, it is well for the members to consider carefully whether this condition does not require serious modification if not actual repeal. It certainly excludes a large number of the most active and zealous workers in the profession, men who cannot fail to impart vigor and momentum to any organization with which they may be connected. To this class belong many of our young physicians trained—at home or abroad—by laborious and expensive courses of study in special departments, and well versed in the

most recent and approved methods of scientific research and practice. Is it wise or expedient to exclude such elements? Is there not justice in the charge that we are granting privileges and immunities to those who have done nothing to deserve them? The ten-year plan, if it has not met with absolute failure, has certainly not been a brilliant success. Let us seek some higher criterion than that of age. Years do not confer superiority even in the matter of experience. Let all applicants be placed upon an equal footing, and let men of *merit* be always welcome to our ranks. And in deciding upon the qualifications of those who apply, no better standard seems to us attainable than that which has been proposed, i. e., the presentation of an acceptable thesis.

## REVIEWS & BOOK NOTICES.

*A Manual of Obstetrics.* By A. F. A. KING, M. D., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of the Columbian University, Washington, D. C., and in the University of Vermont, etc. Henry C. Lea's Son & Co. 1882. Pp. 317.

This volume aims to present an outline of the principles and practice of obstetric science in an intelligible form and for easy comprehension by the medical student. It claims to offer nothing novel or original but to be, in great part, a compilation from the more recent treatises of Leishman, Playfair and Lusk. The author confines his statements to settled and well-known facts, but arranges these facts in plain, concise English so as to place them systematically and clearly before the reader. The purpose of the book is to teach rudiments and essentials, and to omit the details and discussions which belong to the more comprehensive treatises upon obstetrics. Notwithstanding the condensed and precise style of statement, the presentation of the subject matter is



skillful, judicious and apt. The work may be trusted as a safe guide to practice. In the hands of medical students, or as an easy work of reference to the busy practitioner, it will serve a useful purpose. It is, in strict language, a manual of obstetrics, and as a clever, practical work, we commend it to the professional reader.

*Transactions of Twelfth Annual Session of Medical Society of Virginia.*

Held at Old Point Comfort, Oct. 10th-12th, 1881. Richmond, 1882.

These Transactions accompany the January number of the *Virginia Medical Monthly*, occupying 172 pages of that issue of the journal. They open with the address of the President, Dr. Hunter McGuire, who takes for his subject Cancer of the Breast. The favorable results he has derived in the scirrhus form of this affection from the use of the hypophosphites of lime and soda have already been alluded to in this JOURNAL. Dr. Christopher Tompkins contributes the Report on Anatomy, and describes various improved dissecting instruments and details various discoveries connected with his department. Dr. Meade C Kemper gives a very admirable and comprehensive resumé of advances in surgery. Dr. Bedford Brown confines his Report on Practice of Medicine to Fever, presenting the results of the most recent researches upon the subject. Three volunteer papers appear by Drs. Jos. A. White, G. Wm. Semple and Otis F. Manson. The most valuable of these, and indeed the most meritorious paper of the volume, is a very learned, practical and exhaustive paper by the last named gentleman on the Physiological and Therapeutic Action of the Sulphate of Quinine. We would advise all who can to read this article, for it is evidently prepared by a scholar, deep thinker, and practitioner of very large experience. The remainder of the volume is made up of

necrological committee's report and minutes of the meeting. Taken altogether the volume contains much valuable and interesting matter and reflects great credit upon the society from which it emanates.

*Dental Department of the University of Maryland. Annual Announcement. Session 1882-83.* 8vo. Pp. 15.

*Zur Histologie der Tuberculose.* Von Dr. W. T. Councilman, aus Baltimore. 8vo. Pp. 20.

*Fourth Biennial Report of the State Board of Health of Maryland.* Jan. 1882. Frederick, 1882. 8vo. Pp. 149.

*Transactions of the American Medical Association.* Vol. XXXII. Phila., 1881. 8vo. Pp. 684.

*Current Fallacies About Vaccination. A Letter to Dr. W. B. Carpenter, C. B., &c.* By P. A. TAYLOR, M. P. London, 1881. 8vo. Pp. 38.

*Über Hyaline Metamorphose des Miliartuberkels.* Von Dr. W. T. COUNCILMAN, aus Baltimore. 8vo. Pp. 6. 2 plates.

*Paul Broca and the French School of Anthropology.* By ROBT FLETCHER. A Lecture delivered in the National Museum, Washington, April 15th, 1882. 8vo. Pp. 32.

*The Death Rate of Memphis.* By GEO. E. WARING, JR. Newport, R. I. 8vo. Pp. 8.

### MISCELLANY.

CULTIVATING THE BACILLI.—Koch (*Med. News*, May 13) takes a small particle of a tubercular human lung and places it in a fluid suitable for their growth, the composition of which was learned not without some difficulty. This fluid must be maintained at a temperature of from 84° to 104° F., at which only (unlike the

bacillus anthracis) the parasite will be propagated. A drop of the fluid in which the bacilli had been allowed to multiply was transferred to a new portion of fluid, and the bacilli allowed to develop there. This was repeated as often as the experimenter desired, and it is obvious that after a few such cultivations any unorganized virus which might have been present in the particle of lung employed is entirely eliminated from any possible connection with the results of the inoculations. K. employed the fifth to eighth culture in his inoculation experiments.

MANSON ON QUININE AS AN OXYTOCIC.—From an experience of forty years in the treatment of malarious fevers, we are confident that M. Petit Jean mistook a consequence of the intermittent fever for a result of the action of quinine. At the commencement of our career, when we were timid in administering quinine, abortion was no uncommon occurrence in pregnant women attacked with the various types of periodical fever and to whom no quinine had been given. It is a frequent occurrence in fevers of all descriptions, and the female may consider herself fortunate in passing through the commotion of any fever without a premature expulsion of the fœtus. Since we commenced to employ quinine in liberal, yet reasonable doses, in paroxysmal fevers, we have *never* observed abortion in patients affected with them. We should reasonably suppose that an agent which, when properly administered, would prevent the convulsive rigors of the cold stage, and the high febrile excitement of the exacerbation which follows, would be the best means of preventing abortion in those subject to such violent disturbing influences, a hypothesis which extensive observation has fully confirmed.—*Dr. Otis Manson, Trans. Va. Med. Soc., 1881.*

THE GIFT OF DR. TONER'S LIBRARY TO THE NATION.—The American public, and especially the citizens of Washington, will learn with interest and satisfaction the fact, recorded in the proceedings of Congress, that a valuable collection of books, forming the treasures and life-gatherings of a private citizen, have been presented to the nation. Dr. Joseph Meredith Toner, of this city, has given to the United States, for permanent preservation in the library of Congress, his entire collection of books, pamphlets, manuscripts and periodicals, amounting to between 20,000 and 25,000 volumes. The learned and laborious donor has been known for a quarter of a century past as a most intelligent and indefatigable collector, and his library is rich in American history, biography, topography, medical science, and scientific and miscellaneous literature.

The conditions of the donation are such as reflect honor upon the giver, who reserves to himself the right to add to the collection during his life, and to create a fund to still further increase it after his death. The unanimous acceptance of the donation by both branches of Congress assures the proper care and preservation in this District of this important and unique collection, which there had been reason to fear would go elsewhere. It is the first instance, we are informed, in the history of the government of the gift of any large and valuable collection of books to the National Library, and the example may be productive of the greatest benefit in leading to similar literary and scientific benefactions in the future.—*Washington Evening Star, May 17.*

GASTROSTOMY FOR CANCEROUS STRICTURE.—Mr. Bryant, after relating a successful case of gastrostomy for cancer of the œsophagus (*Lancet, May 6*) lays down: That gastrostomy



for cancerous stricture of the œsophagus should be undertaken as soon as there is a practical difficulty experienced in the deglutition of solid food, life being prolonged by such a practice, since the progress of the cancerous disease is retarded and much misery saved. The operation should always be divided into two steps, the first consisting of an oblique incision 3 or more inches long,  $\frac{1}{2}$  to  $\frac{3}{4}$  inch parallel to and below the margin of the left ribs, the division of soft parts and peritoneum, and stitching of the peritoneal covering of the stomach to the edges of the parietal peritoneum and the margin of the wound all around; the second in the opening of the stomach. The second should be performed on the fifth, sixth or seventh day after the first according to the repair in the seat of the operation and urgency of the case. The opening into the stomach should not be larger than that made by an ordinary tenotomy knife, about  $\frac{1}{8}$  inch, since such an opening is elastic enough on the one hand to admit a tube for feeding, and on the other to close after the removal of the feeding tube so as to prevent regurgitation.

SIR CHARLES BELL'S DISCOVERIES.—Having myself been afterwards Sir Charles Bell's pupil (in surgery) both in London and Edinburgh, I can testify from personal knowledge that he himself never admitted that his discoveries needed any confirmation whatever; but was always strong in the conviction, not only that he had himself given all needful evidence of them, but that nothing more remained to be done in the physiology of the nervous system. It is not a little significant of his attitude of mind on this subject, that he used to declare his complete inability to understand "what Marshall Hall was driving at;" the doctrine of reflex action independently of sensation being altogether "beyond his comprehension." As this last doctrine, which forms the

basis of modern neurology, is one which anatomy could scarcely even suggest, and which nothing but experiment can demonstrate, I hope that Sir C. Bell's opinion of the all-sufficiency of the study of anatomy for the advancement of physiological science may henceforth be appreciated at its true worthlessness. For I have shown, *first*, that Sir Charles Bell, trusting to anatomy for his guidance, *went altogether wrong* in the first instance; *secondly*, that it was by *experiment* on the nerves of the face that he was led into the *right* track; *thirdly*, that in regard to these, through placing too much trust in his anatomical preconceptions, and insufficiently testing them by further experiments, he was led into mistakes which were only corrected by the experiments of Magendie; and, *fourthly*, that the most important discovery with which he is usually credited—that of the motor and sensory functions of the anterior and posterior roots of the spinal nerves respectively—was only *established* in the true scientific sense by the experiments of others working on his lines. Those experiments might have issued, for any real proof ever given by Bell to the contrary, in establishing some other doctrine of the spinal nerve-roots than that to which he had been led by his study of the nerves of the face—such, for example, as that of Alexander Walker, or that of his own first "Idea."—*Dr. W.B. Carpenter, in Popular Science Monthly for June.*

ANGLO SWISS MILK FOOD.—As the summer dawn approaches, the question of feeding infants presents itself to practitioners of medicine. Among the list of milk foods, the preparation made by the Anglo-Swiss Condensed Milk Company stands deservedly high. It is free from starch, and being soluble and easily digestible agrees well with infants and invalids. It is worthy of careful trial.

**TUMOR OF BLADDER REMOVED BY PERINEAL SECTION.**—*Sir H. Thompson* (*Brit. Med. Journ.*, April 15) reports the case of a man, æt. 29, who had suffered for three years with frequent and painful micturition with occasional hematuria. A small oxalate of lime calculus was crushed and removed, but with very little improvement in the symptoms. The bladder could not be emptied by the patient and the gum catheter had to be used daily; on two occasions this gave signs of something in the bladder which the lithotrite did not discover. He resumed employment but symptoms increased. A quantity of phosphatic deposit was removed with the lithotrite, and something which felt like a calculus was seized and partially crushed, but it was evidently fixed, giving an impression of partially impacted stone. More phosphatic matter was washed out. After three weeks (three months after first operation) having received very little benefit, Sir H. cut as in median lithotomy, and having introduced his finger well into the bladder with pressure above the pubes recognized a tumor the size of a chestnut growing apparently from the opposite walls coated with phosphatic deposit. This was twisted off with a pair of small forceps. Very little bleeding ensued, and the patient made a rapid recovery, having had no return of symptoms during the year. Examination showed the tumor to be a simple fibroid. In hematuria, clearly vesical and not explicable except on the hypothesis of impacted calculus or vesical tumor, the author advises incision of the membranous urethra through the perineum for exploration of the bladder.

**ABSCESS OF LIVER CURED BY ONE ASPIRATION.**—A butcher, æt. 29, suddenly attacked with shivering, fever, anorexia, epigastric and lumbar pain, etc., soon followed by swelling in right side, which rapidly increased to the size of the two fists, round, fluctuating, following the movements of the liver, not passing the false ribs. Twenty-six ounces of brownish pus were aspirated without bile or hydatid debris. Palpation then showed a vast cavity in liver. No fever, pain nor

reproduction of pus followed and patient was well in three weeks.—*Lond. Med. Rec.*, from *La France Medicale*.

**HEMORRHAGE AFTER TONSILLOTOMY.**—*Lefferts* (*Archiv. of Laryngol.*, Jan. 1) in 500 tonsillotomies found: 1. A fatal hemorrhage very rare. 2. A dangerous one occasionally. 3. A serious one in both immediate and remote results not very unusual. 4. A moderate one requiring direct pressure and strong astringents to check it, common. In the majority of cases no trouble is experienced.

**CURES OF HYDROPHOBIA**—Curare has been extensively employed in hydrophobia, and cases of cure are reported by Offenburtg and others. In the *Med. Times and Gazette*, Dec., 1877, Collins relates two cases which recovered. Hanlen, *Lancet*, July, 1878, p. 104, reports another case of cure. In sections 525 and 526 of the *Med. Digest* several remedies are accredited with cures; and in a paper in the *Lancet*, by Mr. Moore, Dec., 1879, p. 865, detailing a case of cure by morphia hypodermically and other remedies, it is stated that out of 150 cases, 22 recovered, about 10 of which there could be no doubt as to their genuineness.—*Neale, Lond. Med. Record*.

**CARBOLIC INJECTIONS INTO UTERUS.**—1. When fever follows delivery it is desirable, even if there be no indications of uterine accidents, to examine with speculum and make sure that no septic products remain in utero. 2. If such be found, wash out uterus with one p. c. carbolic solution until injected fluid returns perfectly clear. 3. Do this twice daily until fever is entirely reduced and uterus in normal position. 4. If fever be intense it is desirable to leave some of the solution in utero, which will rapidly lower temperature, and ameliorate the other febrile symptoms.—*Desplats, Jour. des et Med. de Lille*, and *Lond. Med. Record*.



CONNECTION BETWEEN SEXUAL AND OPTIC DISEASE.—1. Hysteria is frequently associated with asthenopia and retinal hyperæsthesia; less frequently with ptosis and retinal anæsthesia. 2. In amenorrhœa, conjunctivitis, keratitis with phlyctenulæ, episcleritis, and iritis are observed; in suppression of menses choroid disease, optic neuritis and retinitis are not infrequent. The tendency in such subjects to glaucoma is known. The above diseases readily follow any sudden suppression of the menses. 3. Inflammatory diseases of the sexual organs are often accompanied by trigeminal hyperæsthesia and neuralgia, serous iritis and scleritis. 4. In lying-in and lactation, embolic panophthalmitis with various diseases resulting from weakness and anæmia after galactorrhœa or protracted lactation, as corneal ulcer, retinal hyperæsthesia, loss of accommodation, photopsia and retinitis. 5. During pregnancy albuminuric troubles. Pregnancy often affects unfavorably pulsating exophthalmos. Hemorrhages affect the sight; amblyopia or amaurosis often appear about the third to fourteenth day after them.—*Rampoldi, Ann. Univers. di Med., and Lond. Med. Record.*

HORSFORD'S ACID PHOSPHATE.—This preparation is worthy of trial in cases suffering from impotence and spermatorrhœa. Dr. H. B. Storer, of Boston, says: "I have found Horsford's Acid Phosphate serviceable in a marked degree in my treatment of spermatorrhœa."

SOCIETY BULLETIN.—*Clin. Soc. of Md.* will meet Friday, June 2nd, 8 P. M. Dr. Chew, "Digitalis Clinically Considered;" Dr. Bermann, "Bacillus Tuberculosis;" Dr. Browne, "Curette in Gynecology." *Med. Ass'n* will meet Monday, June 12th, 8½ P. M. Dr. Winslow, "Treatment of Hemor-

rhage from the Palm." *Acad. of Med.* will meet Tuesday, June 6th, 8½ P. M. Dr. Tiffany, "Litholapaxy;" important changes in the constitution and mode of procedure will be acted on.

## MEDICAL ITEMS.

THE Clinical Society has been incorporated under the laws of Maryland. Specialism has been carried to such an extreme in Vienna that some difficulty is experienced in filling the Chair of Medicine made vacant by the death of Duchek. Several German physicians are mentioned.—Keith has sent his son to New York to learn gynecology.—Our medical societies will all adjourn for the summer in a few days.—The title of Professor Geo. H. Rohé's Chair in the College of Physicians and Surgeons has been changed from "Clinical Dermatology" to "Hygiene and Clinical Dermatology."—"When you educate a boy you are perhaps educating a man; when you educate a girl you are laying the foundation for the education of a family."—*Bert.*—Dr. I. Edmondson Atkinson has been appointed one of the attending physicians at Bayview asylum.—At the University of Vienna, during the winter session, there were 7,823 students, viz.: in theology, 226; law, 2,240; medicine, 1,412; philosophy, 769; pharmacy, 176. In 1877-78 the number of medical students was 712.—Dr. Thos. P. McCormick has been elected Demonstrator of Anatomy in the Woman's Medical College.—Dr. James Morison, of Quincy, Mass., a graduate of the Univ. of Md., 1846, and the first Resident Physician at the Baltimore Infirmary, died May 20th, æt. 63.—Rosenthal speaks highly of boracic acid in cystitis, gr. xxx a day. In severer cases with profuse secretion of mucous or pus he also washes out the bladder twice a day with a 5 p. c. sol.—In one of every eight cases of carcinoma of the breast secondary deposits form in the viscera without evidence of axillary glandular trouble.—*S. W. Gross.*

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF


## MEDICINE AND SURGERY.

EDITORS:

THOMAS A. ASHBY, M. D.,

EUGENE F. CORDELL, M. D.

SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

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WHOLE No. 88.

BALTIMORE, JUNE 15, 1882.

VOL. IX, No. 4.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### MILK: ITS ADULTERATIONS, ANALYSIS, &c.

(Read before the Maryland Academy of Sciences).

BY JOHN MORRIS, M. D.

Milk is the most important alimentary substance known to men, for the reason that it contains all the elements of the human body. It is the only substance by which alone life can be supported for any length of time and good health secured. The nutritive power of milk is very great, 29 quarts of it being equivalent to a pound of beef.\* It is, however, above all nutrients adapted to the subsistence of infancy, and, therefore, too much attention cannot be paid both by the State and the community to its production and condition. Recent experience and investigation have proven that milk can be affected by atmospheric and other influences, and that

it is frequently a means of communicating zymotic disease. Typhoid fever and scarlatina, particularly, are diseases which have been and may be produced by the use of contaminated milk. The sources of contagion in these cases are offensive emanations from stable drains and poisonous underground water supplying the pumps used in dairies for washing milk cans, &c., &c. A very small, almost infinitesimal, admixture of sewage will poison a well or running stream, and as milk has a peculiar relation to chemical ferment, and is a substance singularly adapted to the reproduction of morbid contagia, its preparation and sale should, above all other products of a community, be watched with the most zealous care.

As it is not, however, the purpose of the Academy at this time, I believe, to investigate the influence of milk as spreading zymotic diseases, but more particularly to examine into the character of pure milk and of the food furnished to cows and its effect on milk as a nutrient, I shall confine myself chiefly to this branch of the

\* Doctor McKew, of this city, lived from June until November, a period of five months, on milk alone. During that time he attended to the duties of a large practice without impairment of strength or losing a pound of flesh. He consumed about three quarts daily.



subject in my short address tonight.

The chief diluent of milk is water, and it is, therefore, very unfortunate that we cannot judge of milk by its gravity. The lactometer was at one time considered a useful instrument, and was employed by the Board of Health of New York to test the purity of milk, but the experiments of Professor Doremus and others prove it to be a most unreliable instrument. Cream and water being both lighter than milk, whilst caseine, milk-sugar and the salts are heavier, it is impossible to judge of the purity of milk by specific gravity. The lactometer used in connection with the thermometer serves a useful purpose and may be employed as a preliminary test.

The microscope, too, is apt to lead to erroneous conclusions as Professor Doremus has shown by experiment. He placed several drops of the same milk in different slides and covered them with thin pieces of glass; each showed a field containing different amounts of oil globules, for the thin plates were attached to the slides, some with more force, others with less power, and consequently pressed out more or less of the fat globules. The presence of fat globules, however, in milk, is not a test of its healthfulness. Cows fed on swill give milk extremely rich in oleine, and during the presence of the rinderpest the milk was observed to be almost butyry. Analysis, therefore, will not establish the quality of milk. It will only show how much oleine, caseine and lactine are contained in a given specimen. The microscope, however, is useful in showing the character of diseased milk, for by it we can detect the presence of pus, casts, or other morbid material.

The Legislature of Rhode Island has recently passed a law in reference to the constituents of milk. This law enacts that if the milk shall be shown upon analysis to contain more than eighty eight per centum of

watery fluids, or to contain less than twelve per centum of milk solids, or less than two and one-half per centum of milk fats, it shall be deemed for the purpose of this act to be adulterated. This appears to be a very plain and simple statute, and fixes the standard in as fair a way as can readily be attained.

A very important report on the subject of milk has been recently made by Professors Chandler and Munsell, the analysts appointed to examine and determine the extent of the adulteration practiced in articles of food sold in that State (R. I.).

These gentlemen assert that frauds in milk differ from those in most other kinds of food, in that pure milk varies in composition to a very marked degree, making it impossible to establish a standard purity, except by selecting for this purpose the poorest milk produced by healthy cows. As the frauds generally consist in increasing the amount of water, or diminishing the amount of fat (skimming) the chemist can only decide by his examination whether the frauds have reduced the milk below the standard adopted.

They then detail the investigation by which the standard has been fixed. The minimum specific gravity of 1.029, which has long been the standard in Europe, was confirmed by the examination of nearly one thousand cows in different States of the Union. The maximum specific gravity was 1.0394 or 136 on the lactometer. This was from an Alderney cow. The lactometer employed, therefore, is the one in use in Europe, on which 0 stands for the specific gravity 1.000, or that of water, and 100 stands for 1.029, which is the specific gravity of the poorest normal milk from healthy cows. Thirty-eight analyses of pure milk were made by Prof. C. E. Munsell, and twelve more are quoted which were made by Elwyn Waller, Ph. D. The standard adopted by

the English Society of Public Analysts and the New York City Board of Health is confirmed and adopted in this report. It is from the poorest milk from a healthy cow—fat 2.5 per cent.; solids, not fat, 9 per cent.; water, 88.5 per cent. From the examination of commercial milk it appears that the sophistications of this article of food are extremely common. While a large proportion of the milk sold has been but moderately watered and skimmed and is still above the standard of the poorest milk, much of the milk has been extended and skimmed far below this standard.

Special attention is paid in this report to the use of brewers' grain as food for cows. It is found that when these grains are used in moderate proportions with good pasture, or hay, etc., and the cows are properly cared for, no evil results occur either in the quality of the milk or the condition of the animals. The excessive use, however, of this food has a very bad effect on the cows. The State of New Jersey has a law in relation to milk similar to that passed recently by the Legislature of our State. The second annual report of the State Milk Inspector has just appeared in the report of the State Board of Health. This officer states that the milk supplied from certain counties is much superior to that from others. The principal forms of adulteration are watering and skimming, but, taken as a whole, the milk is better than at any time during the last six years. Adulterated milk is sold in immense quantities in Newark, Jersey City, Hoboken and Paterson. In four visits to Newark 4,330 quarts of impure milk were condemned and destroyed.

#### DISEASED MILK.

Diseased milk, that is milk from cattle suffering from foot and mouth disease, is very easily recognized. If it be slightly agitated for a short time masses of fat rise to the surface,

and from a pint of this milk it is easy to obtain a mass of butter weighing an ounce or an ounce and a half. Healthy milk, if shaken for twice the time, will give no such reaction. Moreover, the color of the milk when much diseased is a yellowish brown, of a strong odor, and of such consistency as to be distinguished from healthy milk. If water be added to it when freshly drawn from the cow, although the color and consistency are reduced, fatty masses are not dissolved and are easily recognized.

#### ANALYSIS OF MILK.

The simplest and most rapid process for the analysis of milk is that proposed by M. Adam some years since to the French Academy of Sciences. The apparatus consists essentially of a glass tube, holding forty centimetres, having a stopper above and a glass tube and stop-cock below. Into this is introduced, first, ten cubic centimetres of alcohol at 75° C., containing  $\frac{1}{200}$  of its volume of caustic soda; secondly, ten cubic centimetres of neutral milk; and, thirdly, twelve cubic centimetres of pure ether. The tube is closed, well shaken, and allowed to rest for ten minutes. Almost instantly two layers are formed, sharply separated—an upper, limpid layer, containing all the butter; secondly, a lower opalescent layer, containing all the lactose and all the casein. The lower layer is then drawn out, with the exception of about one centimetre. That which remains is then shaken up with the upper layer. This buttery solution is allowed to run out into a porcelain capsule, and is washed with ether to collect the fat, evaporated and weighed. The difference gives the weight of the butter increased by one centigramme in consequence of adherent lacto-caseous matter. If the ether is then evaporated in another capsule, the direct weight of the butter is ascertained. In order to separate and



estimate the lactose and casein, the liquid first drawn off is diluted with distilled water to 100 cubic centimetres, and ten drops of acetic acid are added. The casein then separates in a flocculent precipitate like that of nitrate of silver. After allowing it to stand for five minutes, it is poured upon a dry filter, which is kept covered to prevent evaporation. Thus 94 to 96 per cent. is collected of a liquid which contains only the salts of the milk, acetate of soda formed during the process, and lactose. The latter is then estimated by Fehling's solution. If a known volume is then evaporated to dryness, the amount of lactose can also be distinguished by two weighings, one before, the other after, incineration, deducting from the weight thus obtained that of the acetic acid combined with the soda. This casein is washed two or three times with distilled water and the filtering paper containing it is strongly pressed between two layers of paper to flatten it as much as possible, and it can then be dried in a few minutes. The weight of the filter before and after the operation gives that of the casein. Or the casein may be detached from the filter, dried and weighed. These operations are easily executed in an hour and a half, and if at the beginning an additional ten cubic centimetres of milk is placed to evaporate with two drops of acetic acid, the amount of dry residue of water and of ashes may also be ascertained. Five cubic centimetres of milk will suffice for the analysis, and the apparatus is very portable. The New Jersey State Board of Health, however, gives preference to the analysis of Ritthausen.

#### TEMPERATURE.

Temperatnre has important bearing, not only upon the preservation but upon the qualities of the milk. It is found that the nearer the tem-

perature of the milk is to the freezing point the more rapid is the collection of cream, the larger is the quantity of cream and the amount of butter is greater, and the skimmed milk, the butter and the cheese are of a better quality. These facts may be explained, it is thought, by Pasteur's experiments on ferments. It is thought probable that cold arrests the evolution of the organisms that set up fermentation and hinders the changes due to their growth.

#### SWILL MILK.

Of all the nutrients employed to rear children deprived of natural food, the mother's breast, I know no one more pernicious than the swill milk sold in all large cities. Children fed with it appear to thrive and fatten, but their real vitality is much less than that found in those properly nourished. What seems to be fat is merely adipose tissue, just as is seen in chronic ale and beer drinkers, who are also deficient in vitality and unable to withstand attacks of disease, endure privation or great suffering. During the summer months cholera infantum plays sad havoc among swill fed children. Frequently after a few hours' illness they fall into a state of extreme prostration, collapse and death following rapidly. From the want of tissue-making food they lack the vital force already alluded to, and all the efforts of the physician to arrest the disease and restore their impaired strength prove unavailing. The infant mortality in our large cities may be attributed in a great measure, I am convinced, to the employment of milk from cows improperly fed.

Condensed milk is an equally objectionable form of food. Owing to the undue quantity of sugar it contains it leads to the accumulation of an unhealthy form of fat, and children fed on it when attacked by acute disease speedily perish. They are supposed

by their fond parents to be models of health and beauty, but this is a delusion of the gravest character. There is a form of condensed milk free from sugar prepared in York County, Pa., and sold from wagons in this city by Mr. Canfield. This is an excellent milk, but unfortunately it will not keep; besides at certain seasons of the year it gives out in a very marked degree the odors of the roots and grasses on which the animals feed, thus rendering it unacceptable to children.

The draymen connected with the breweries of London are the most unhealthy body of men to be found anywhere. These men have the unlimited privilege of the brewery cellar. Though apparently models of health and strength, the slightest accident that befalls them generally proves fatal. Sir Astley Cooper mentions a case of a drayman, a powerful, flesh-colored, healthy-looking man, who received a slight injury from the splinter of a stave. The wound was trifling but it suppurated. Sir Astley opened the abscess, but in going away forgot his lancet. On returning to get it he found the man dying. Beer-drinkers, when attacked by any acute disease, are unable to bear the proper treatment necessary and consequently die. They cannot undergo the slightest surgical operation with safety. Dr. Buchan says: "Malt liquors render the blood sily and unfit for the circulation; hence proceeds obstruction and inflammation of the lungs. There are few great beer-drinkers who are not phthisical, brought on by the glutinous and indigestible nature of ale and porter."

So it is with cattle fed with slops from distilleries, though like Sir Astley Cooper's drayman, they look powerful and flesh-colored and healthy and increase in size and weight, they are not truly healthy, and the increase in weight is not due to additional muscle or genuine fat. What appears

to be fat is a soft flabby degeneration of tissue, and if they are exposed to hardship or attacked by disease will at once succumb.

In conversation with Mr. Outerbridge Horsey, of Frederick County, a well-known farmer and distiller, I gleaned some practical hints in regard to the use of swill in feeding cows. Mr. H. does not believe that it is injurious if given in proper quantities and in combination with grasses or other food. He has abandoned feeding his own cows with it, however, for the reason that it imparts a peculiar odor to the milk, and notably to the butter. This is no doubt the case, for there is a particular pungency in this character of food. Therefore, milk from cows fed on swill cannot be made into condensed milk, for such milk when condensed has a rank smell and a bitter taste. The swill, if given in large quantities and for a length of time, exercises a very pernicious influence on some of the organs of the body. The teeth fall out, and it is said that the tails atrophy and loosen. If this be the case I cannot explain the exact cause. It is a necrosis and must be due to some poisonous element in the food. Nearly fifty per cent. of the inorganic elements in swill is composed of phosphoric acid, but as the inorganic elements are scarcely five per cent. of the whole, I can hardly ascribe the degeneration which takes place to the excess of phosphoric acid. According to Fownes the inorganic elements of milk are 4.91 parts in the 1,000 as follows:

- 2.31 Phos. Calcium.
- .42 Phos. Magnesium.
- .07 Phos. Iron.
- 1.44 Chlor. Potassium.
- .24 Chlor. Sodium.
- .42 Sodium and Casein.

4.91

This gives a little more than one part in a thousand of phosphoric acid—in normal milk a very small quantity in-



deed. It may be possible that the necrosis is due to the heat of the swill, for the teeth of pigs become decayed from this cause. Cows do not like the hot food at first but after a time become exceedingly fond of it—so fond that they do not care to partake of cold food. Mr. Peter G. Sauerwein relates to me a very singular circumstance in regard to this point. Whilst acting as revenue collector the machinery of one of the distilleries in his district which supplied slop to the milkmen became deranged for several weeks. During this time the milkmen came daily to the distillery and filled their hog heads with the boiling water, paying the same price for it that they usually paid for the same quantity of swill. They gave as a reason for this that their cattle were so used to hot food that they cared for nothing else.

Swill, if used judiciously, that is in combination with good grasses or cereals, is not injurious or objectionable. It serves the purpose of the glass of ale or porter to the nursing mother; that is it increases the quantity of milk, but I do not believe it improves the quality. There is another form of food given to cattle still more deleterious than swill, viz., the debris or refuse left after the extraction of glucose from corn. This is highly injurious if not poisonous. Fortunately there is not much of this to be procured in Baltimore, as we have but one glucose factory in our midst; but it is given very freely to cattle in Buffalo and Chicago, where immense quantities of glucose are manufactured.

#### COW STABLES.

The proper ventilation of cow stables is an important matter in the consideration of the subject of pure milk. Ventilation is not only necessary to secure health to the cows but also cleanliness of milk. Stables should have ample openings above the cows'

heads for the escape of noxious odors proceeding from the voidings of the animals and stale urine under the floors. Without proper ventilation the milk, during the process of milking, will imbibe these odors and render it unfit for making good cheese or butter, or for the healthy alimentation of children. Scarcely one of the cow stables within the limits of the city of Baltimore has proper drainage and ventilation. In the Seventeenth ward of the city, during the past year, one hundred and forty-five deaths occurred from diphtheria alone. The people of this ward are supplied with milk chiefly from cows in the ward fed on swill slops, and the stables in which these cows are confined are small and very imperfectly ventilated. The cows are milked in these stables, and consequently the milk must suffer from these noxious exhalations. I do not assert that the diphtheria existing in this ward originated from this cause, but I do hold that the children fed on this milk would be less likely to recover than those properly nourished.

And, at this point, I may very opportunely commence the investigation of the subject of swill as food for animals.

#### SWILL FOOD.

Inasmuch as the analyses of swill, made by different chemists, show it to be rich in certain forms of food elements, it may be asked why is it so injurious to cows. This is a question more easily asked than answered. The alcohol and fusel oil which ordinary swill contains are not sufficient to produce the bad results which it is asserted follow its liberal use. Can it be that the excess of nitrogenous and albuminoid substances in this form of food lead to non-assimilation, or other functional disturbances, thus proving its unfitness for the animal economy? Experience is certainly more important than mere chem-

istry, and therefore the judgment of those feeding cows as well as those consuming the milk must determine the whole question. Popular prejudice, which in many cases is founded on ignorance, or mere science independent of experience, should not be allowed to determine a matter of this character. Whilst I myself do not think swill proper food for cows, except as I have before stated, in small quantities and in judicious combination with grasses, and whilst I think that swill milk is equally unfit for children, I am willing to give those entertaining different views a candid hearing.

Analyses have been recently made, at the instance of those largely interested in this matter, of the swill fed to cows, and also of the milk resulting from its use. These analyses are by two well-known chemists, Prof. Simon, of this city, and Mr. Peter Collier, of the Department of Agriculture, Washington. Prof. Simon furnishes the results of the analyses of three samples of milk, the first drawn by himself at the stables of Messrs. M Crichton & Co., from different cows, on April 7th, 1882. No. 2 sample bought from Pikesville Dairy Co. No. 3 sample bought from a store in the south eastern section of Baltimore.

	No. 1. 1029	No. 2. 1031	No. 3. 1026
Specific Gravity, 100 Parts Milk			
Contain of			
Water,	86.47	87.12	89.93
Fat,	3.77	3.40	1.45
Caseine,	4.44	4.23	3.83
Milk Sugar,	4.56	4.51	4.16
Ash,	0.76	0.74	0.63
	100.00	100.00	100.00

Mr. Simon says: "In looking over the results of my analyses you will see at once that the sample drawn by myself from your "swill fed" cows compares most favorably with sample No. 2, produced by cows receiving no distillery refuse. Both these samples represent very good milk and es-

pecially No. 1 is in the amount of cream and total solids far above the average milk.

No. 3 sample represents an adulterated article, from which no doubt not only cream had been removed, but to which also some water had been added. I selected this sample out of about two dozen samples, brought from different dealers, as the worst milk, which has come under my notice."

Prof. Simon furnishes the result of an analysis of swill drawn by himself from about 1,000 gallons at the Melrose Distillery on March 6th, 1882.

One hundred parts of sample contain of—

A. Volatile Products (expelled at 212° F.)	94.63
B. Organic Matter.....	4.83
C. Inorganic Matter (Ashes).....	0.54

100.00

#### ANALYSIS OF PORTION A.

##### Volatile Products.

Water.....	99.74
Alcohol.....	0.08
Fusel Oil (chiefly Amylic Alcohol)....	0.12
Loss.....	0.06

100.00

#### ANALYSIS OF PORTION B.

##### Organic Matter.

Starch T-omers.....	26.68
Cellulose.....	23.83
Albuminoids.....	25.30
Gum.....	6.73
Sugar.....	5.44
Fats.....	7.37
Glycerine.....	1.20
Organic Acids.....	1.46
Extractive and Coloring Matter.....	1.14
Loss and not Determined.....	0.35

100.00

51.98 Flesh-Producing Food.

20.68 Fat-Producing Food.

#### ANALYSIS OF PORTION C.

##### Inorganic Matter.

Phosphoric Acid.....	48.63
Sulphuric ".....	1.80
Silicic ".....	2.22
Chlorine.....	0.20
Carbonic Acid.....	5.06
Potash.....	21.14
Soda.....	8.47
Lime.....	6.12
Magnesia.....	7.10
Oxide of Iron.....	traces
Loss.....	.26

100.00



Mr. Simon says, in his note appended to the analysis, that "swill is a highly nutritious form of food and that he sees nothing in its composition that could possibly work injury to cattle feeding on it."

The results obtained by Mr Collier are very similar to those furnished by Prof. Simon, but are even a little stronger in statement. He compares swill with corn and rye and other products and shows that it is richer in food elements, and decidedly richer than ensilage, which is so highly prized by certain cattle feeders. In reply to interrogatories, Mr. Collier expresses the belief that swill is a wholesome and highly nutritious form of food and can be given to cows with great advantage. He, however, adds that much will depend upon the amount given, the circumstances and surroundings, and the proper combination with other aliments.

The truth is, the whole matter in discussion hinges upon this last point, and Mr. Collier has not made it any clearer by his statements, however honestly made. It is to the physiologist, in my judgment, and not to the analytical chemist, that we must look for a scientific solution of the problem. Analytical chemistry serves but a feeble purpose in solving many important questions. By it butter and oleomargarine appear equally wholesome and nutritious; and it can detect but little difference in impurity between water-closet matter and sewage from which excrement is excluded.

#### FOOD ASSIMILATION.

The importance of the albuminoids in the production of fat in animals has not as yet been accurately ascertained and chemists differ very widely in regard to it. The opinions of the Liebig's, both father and son, are greatly at variance with those of Voit and Frankland. Roberts, of Manchester, in his *Essay on Digestive Ferments*, shows that a considerable

portion of the albuminoids is absorbed, in the first place, to manufacture the needful ferments; of these the bile takes up a large share and the liver appropriates a certain quantity. Persons who partake largely of food containing much albumen digest only a part, a great portion passing through unchanged, or, if digested, not being converted into carbonic acid but stored up as fat in different parts of the body. The younger Liebig holds that the albuminoids are not converted into fat in normal digestion. Therefore, if Messrs. Simon and Collier had examined the urine and fæces of the cows in addition to the milk, their results would have been more scientific, more practical, and more conclusive. So in the future, if investigations are to be continued, the analytical chemist must summon to his aid the physiologist and the pathologist, as well as the breeder and feeder. With these aids his conclusions must be accurate and serve to elucidate the whole subject.

#### MILK BY THE FRENCH METHOD.

Pure milk by the French method is supplied to families in New York by an enterprising farmer from Sharon, New York. The milk is put in beautiful clear glass bottles about the size of large champagne bottles. These are supplied with a wired rubber cork similar to that used on the beer bottles in this city, and on the side of the flange of the wire, which is raised before the cork can be opened, a paper label is pasted overlapping the wire on the glass neck, whereon is printed the day and date on which the bottle was filled. On the base of the bottle is a label giving the buyer the correct history of the contents of the bottle. This label cannot be broken or tampered with without detection, and gives the buyer assurance that the milk which he purchases is good grass milk free from all impurities. When twenty of these bottles

are filled they are put in a box separated by a rack partition and forwarded to the city for distribution to customers. I am very sure that if any one of the enterprising, intelligent gentlemen connected with the Maryland Dairy Association will undertake this method of furnishing milk to the people of Baltimore, it will prove to him a profitable venture and serve to initiate a most useful plan of milk distribution.\*

A somewhat similar but better plan is pursued at Frankfort-on-the-Maine. Here the healthiest and finest cattle are procured from different parts of Europe and fed on cereals and grasses of the best quality. The milk is furnished in a manner not very different from the French mode. Such milk is milk indeed, and affords security to both health and life.

### SYPHILITIC INFECTION WITH IRITIS FROM AN ORAL CHANCRE.

BY JULIAN J. CHISOLM M. D.,

Professor of Eye and Ear Surgery in the University of Maryland, and Surgeon in Charge of the Presbyterian Eye and Ear Hospital of Baltimore.

The effects of syphilis are so marked that those familiar with the sequelæ of the initial lesion cannot mistake the appearances, especially when they follow each other in a regular order. An iritis, occurring simultaneously with a widely-spread copper-colored eruption, indicates too surely a constitutional infection from a well-known cause, with a positive diagnosis of syphilis, regardless of the character of the person who exhibits these symptoms. It may ever remain an unexplained problem how the disease

was contracted; but as to the disease itself there can be no doubt. Such facts often come before the physician in large practice. In response to the anxious inquiry of parents as to what this can possibly be, the cautious physician gives it the name of blood poisoning, keeps his suspicions to himself, administers mercury in some of its many forms, and in the course of time has the satisfaction of removing the conspicuous evidences of this firmly rooted disease.

Such a case is now under my care. At the suggestion of her family physician a mother brings her daughter, a modest young lady of eighteen years of age, to have an inflammation of the eye treated. For ten days the right eye has been much inflamed, accompanied by severe suffering and serious impairment of sight. She had been told that it was a severe cold in the eye, and that it would soon yield to an eye drop which had been prescribed. No improvement showing itself, and the suffering being unusual for a case of catarrhal ophthalmia, the case was sent to me for treatment. I found a marked case of plastic iritis. A very contracted pupil with much conjunctival congestion. An atropia drop had very little effect in enlarging the pupil, which seemed to be bound in every direction. She had not slept for some nights on account of the severe suffering. Copper-colored scaly spots were noticed on the forehead and chin. She showed similar ones on the arms and said that they were on all parts of the body. Two months since she had had sore throat and from that time her hair has fallen out in large quantity. By tapping the anterior chamber and emptying it of its aqueous contents prompt relief was given to the nocturnal pains; and by leeching, with the administration of salicylate of sodium in twenty-five-grain doses every three hours, the acute attack of iritis was promptly relieved. Under the local use of an

\*The great difficulty in furnishing milk by this plan is the keeping of the bottles perfectly clean and sweet. No amount of hot water will do this perfectly, and nothing but the strong rays of the sun will secure the desired end.



atropia solution, gr. viij to  $\text{ʒi}$ , one adhesion after another was broken up, with finally a perfectly dilated pupil. From having vision excessively blurred she now reads readily *brilliant*, which means that the eye is perfectly restored. She is now taking biniod. hydrarg., in  $\frac{1}{4}$  gr. dose three times a day, and using on the surfaces most spotted a solution of bichloride of mercury in glycerine. The spots from the face have quite disappeared and those upon the arm are rapidly fading out.

That this is a clear case of constitutional syphilis, there can be no doubt. The chief interest lies in its origin. During the treatment she called my attention to a thickening of the lower lip at and to the right side of the median line. Five months since what seemed to be a fever blister made its appearance on the lower lip. It attained a considerable size, became surrounded by a hard base, and was six weeks in healing. Some of the hardness still remains five months from the beginning of the lip sore. When the lip became hard the glands under the jaw at chin and at maxillary angles were very much enlarged and so painful as nearly to stop mastication. It was two months from the ulceration that the general symptoms above narrated commenced to show themselves. She does not know why the stubborn fever blister, as she calls it, made its appearance. She does not remember that anyone whom she may have kissed had a sore lip or that any of her friends had a trouble similar to her own. Such accidental transmissions from mucous labial patches are not rare, but in this latitude are very seldom met with.

“What is the action of disinfectants?” was asked of a medical student. “They smell so bad that people open the door and fresh air gets in,” was the reply.

## BRONCHOCELE CURED BY THE HYPODERMIC INJECTION OF TINCT. IODINE.

BY O. W. SCHINDEL, M.D., CUMBERLAND, MD.

The following case shows how rapidly and radically some cases of bronchocele may be cured by the injection of iodine into the substance of the gland without any bad results or discomfort to the patient.

Mr. H., a lawyer by profession, aged 40 years, formerly of Cumberland, but now of Baltimore City, came to me in June, 1879, with a bronchocele as large as a good sized fist situated immediately over the trachea. The tumour occupied the isthmus of the thyroid gland more particularly, but also extended into either wing. There was goitre in the patient's family on the mother's side. The enlargement of the neck was first noticed about eighteen months previous to my seeing the case; it was increasing much more rapidly he thought of late. The patient complained of a constriction about the fauces, oppression of chest with difficult breathing and an impending sense of suffocation which was increased when he lay down. From the firmness of the tumour and its general feel it consisted merely of hypertrophied glandular tissue.

Previous to his coming under my care he had been treated by another physician, for some months, by internal and local medication, but without any perceptible benefit or diminution in the size of the tumor.

On the 1st day of July, 1879, I injected (with an ordinary hypodermic syringe) deep into the gland forty minims of tinct. iodine of the following strength: officinal tinct. iodine, three parts; alcohol, one part. The operation did not cause him any discomfort or the slightest inconvenience. There was a sensation of warmth complained of in the gland for a few minutes, but this soon passed off and at the end of a half hour the patient

walked to his home some distance from my office. On the 10th I repeated the operation with as much comfort. The tumour had diminished rapidly in size after each injection, and on the 3rd day of August, a little more than one month from the first operation, I made the third and last injection, which entirely cured the patient.

I have frequently examined the case in the last two and a half years, and there only remains a small indurated nodule about the size of a bean, which can only be detected by carefully pinching up the tissues. In making the injection I was careful to avoid any cutaneous veins, and after thrusting the needle in the required depth to withdraw it slightly so as to disengage its point from any of the deeper veins.

This case demonstrates the fact that a strong solution of iodine may be thrown with impunity into hypertrophied thyroid tissue when the patient's general health is good without setting up any inflammatory action, and by this means curing that unsightly trouble commonly known as goitre, when it resists local and internal medication. When the proper precautions are taken, and there is nothing in the patient's condition to contraindicate this procedure, I deem it a perfectly safe and a rapid means of cure.

## CORRESPONDENCE.

### STATE REGULATION OF PROSTITUTION; EVIDENCE IN ITS FAVOR.

*To the Editors of the Md. Med. Journ.:*

It is a familiar truism that figures are very accommodating. Statistics taken from apparently the same sources can be manipulated in order to prove diametrically opposite sides of a question. How, then, shall the truth be reached in a matter where

calm discussion and impassive investigation are absolutely essential? The question of the regulated toleration of prostitution is one which has been debated on both sides of the Atlantic for a number of years. The advocates of the method have generally been physicians, hygienists and statesmen of that limited class who take a philosophic view of the relations and duties of the State to the people. The discussion on this side has generally been conducted with calmness and dignity, the arguments being based upon personal experience or a thorough study of the question in all its aspects. It is hardly necessary to mention the foremost advocates of a rational method of dealing with this great sin of cities, for nearly everyone knows of the work of Parent-Duchatelet, Michel Levy, Jeannel, Friedrich Mueller, Kraus, Hügel and numerous others in France and Germany; Sir William Jenner, Lyon Playfair and others of equal note in England, and in our own country Gross, Sims, Morris, Gihon, Kennard and Bell. Who are the authorities quoted on the other side of the question? A Mrs. Josephine Butler, Dr. J. B. Nevins and Dr. Drysdale, of England; Wendell Phillips, Mrs. Isabella Beecher Hooker, Rev. E. C. Wines and some others of like fame, whose names at present escape me, in this country. The opinion of the highest sanitary authority in the United States was unequivocally expressed by the vote of the American Public Health Association, at the meeting in New Orleans, in 1880. By a vote of 93 to 28 a resolution was adopted "recommending municipal and State boards of health to urge upon the legislative bodies of this country the enactment of a law" for the prevention of venereal diseases. No form of a law was proposed, but a committee was appointed to submit a draft of such an Act at the ensuing meeting. At Savannah (December, 1881), the committee re-



ported, submitting such a law. A minority of the committee, consisting of Dr. John Morris, of Baltimore, while agreeing in the main with the views of the majority of the committee, believed that the Act proposed was not sufficiently comprehensive in its scope, and therefore submitted a minority report. Both reports have already been published in this journal (Jan. 15 and Feb. 1, 1882).

Since the publication of these reports considerable space has been occupied in this journal on the one hand, by Dr. Richard H. Thomas, who attempts to prove by statistics that the good results claimed by the advocates of the controlled toleration of prostitution are conspicuous only by their absence, while, on the other hand, Dr. A. L. Gihon, U.S.N., claims, on the basis of *the same figures*, to have shown that, in Great Britain, at least, the Contagious Diseases Acts produced a marked reduction in venereal diseases at the stations and ports where they were in force.

It appears strange, at first sight, that two men of good sense and thorough education should draw such different conclusions from the same premises. Dr. Gihon's tables (this journal, March 15, 1882), appear perfectly simple and easily understood. The conclusions drawn therefrom seem perfectly justified; but now comes Dr. Thomas and by changing the form of the tables makes them tell a different story. Dr. Gihon's conclusions, in brief, are that at ports now under the Contagious Diseases Acts the total number of cases of venereal diseases (excluding gonorrhœa) per thousand of force fell from 75.02 in 1864, when the Acts went into effect, to 38.89 in 1879. On the other hand, at ports where the Acts are not in force the morbidity from venereal diseases (excluding gonorrhœa) rose from 70.05 in 1864 to 94.08 in 1879. Now that seems a pretty fair way of comparing figures, and as the figures

are official there seems to be no reason for rejecting the conclusions of Dr. Gihon that they furnish a "complete refutation of the misstatements by certain societies and individuals, which are protesting against the police control and sanitary supervision of public prostitutes, on various grounds not necessary to recapitulate here, as they will receive attention in the course of this letter. Dr. Thomas, in his first article (this journal, Feb. 15, 1882), after quoting Dr. Nevins' testimony (the value of which is, I believe justly, denied by Dr. Gihon) turns "to the experience of Paris," and quoting from M. Lecour, chief of police, and M. Yves Guyot, an opponent to the regulation of prostitution, shows that "in five years ending in 1869, the average proportion of this class (prostitutes) found syphilitic was 106.953 per thousand per year." Now, this alarming-looking array of figures means simply this, that the proportion of prostitutes found syphilitic was a fraction over one in ten, per year, for the five years preceding 1869. It is well to note the dates, for their significance will appear directly.

During the next five years, continues Dr. Thomas, meaning from 1870 to 1874, inclusive, the proportion found syphilitic rose to 179.271 per thousand, being a little less than one in six per year. This is given as absolute proof of the inefficiency of the sanitary regulations in preventing the spread of syphilis. But here Dr. Thomas and many others entirely overlook the fact that in 1871 France was engaged in a great war, that Paris was captured by the German army, that a large amount of syphilis must have been imported both by the French provincial troops which were assembled in the capital, as well as by the conquerors, and that finally such a complete subversion of the municipal government took place during the reign of the *Petroleuse* that it

would be the greatest miracle on record if the registration and medical examination of prostitutes had been continued as in times when the civil government held sway.

Then, again, the opponents of the regulation of this vice of prostitution shift from one point to another in their endeavors to show its inefficiency and iniquity. First they say venereal diseases are almost exclusively communicated by the inmates of the brothels. When the pro-regulationists admit this and base their action upon this fact, saying: Just so, and for this reason we want to keep these women under supervision in order to remove them to a hospital, and give them proper treatment and prevent them from spreading their disease, their opponents shift their base and say: We admit, of course, that supervision and inspection will reduce the disease among the registered prostitutes, but it increases clandestine prostitution, *and thus increases the spread of syphilis*. If this were true it would be a forcible objection, but the observation of most of those whose experience entitles them to speak, is the converse of this. There is an authoritative estimate current of the number of clandestine prostitutes in Paris. This estimate was made by the chief of police, and is presumably based upon knowledge. Now, if it is known that there are 30,000 prostitutes in Paris, not on the register, as asserted, it only proves defects in the method; it does not tell against the system. And just here it may be plainly stated that the 30,000 women mentioned cannot be clandestine prostitutes, but must be known as public women to the police, else no reliable estimate could be made of their number.

I have among my notes on this subject, which have been gathered during the last ten years in various parts of the country from personal observation, private letters and considerable reading, a letter which has

an exquisite bearing upon the point here touched on. If we concede that practical experience in a calling gives one the right to be considered an expert, then the "landlady" (keeper) of a brothel should be able to speak with authority on the question of the advantages or otherwise of the control of prostitution. The letter, which I subjoin, was written to a city official of St. Louis at the time of the agitation for the repeal of the social evil ordinance, which was in force in that city eight or nine years ago. I regret taking up so much space but the letter covers nearly all the points involved in the discussion so well, that I crave the indulgence of the reader while he learns how controlled toleration is regarded by those most immediately interested. The letter is as follows:

"SIR—It is with some reluctance that I address you, but as the subject of the following lines has of late received a great deal of attention on the part of very respectable ladies, a number of clergymen, and certain physicians, I believe it really my duty to lay before you my views on the so-called social evil law. Let me make a few statements from my own experience.

"I have been keeping house under the restrictions of this law for twelve months. During that time nine of my boarders have left me for the purpose of leading a decent life. Their reformation was principally brought on by the law, and one of its agents, to wit: our physician, who has always given us all possible assistance whenever any one of the girls intended to quit this mode of life.

"Under the restrictions of this law, girls under a certain age are prohibited from entering a house, when in former times school girls even found their way to such establishments, and were received and retained. How often had parents to ask the assistance of the police to reclaim their young



daughters from the vilest associations? This is not possible where the law exists. How many so-called decent women moving in good society, upon whom not the slightest suspicion rested, used to frequent assignation houses? This is no longer so, because these women are afraid.

"Gentlemen (?) used to bring married and unmarried women of their own circle to these houses. The law has stopped this almost entirely, as every landlady calls the attention of the parties to the consequences to which they expose themselves.

"The conduct of the women has, since the introduction of the law, greatly improved. They are not now at war with the police authorities as formerly. It is no hardship, very few cases excepted, to pay the weekly dues, and thereby secure the services of a physician, and good treatment in a well-constructed hospital. But it was a hardship to be in any case of sickness obliged to succumb to the demands of unscrupulous doctors and druggists, who charged exorbitant fees and prices. Prescriptions which were filled in a drug store for fifty cents or so for other customers, we were obliged to pay \$2 and \$3 for. And physicians actually went around to find out the pecuniary circumstances of a girl before they would tell her the price that would be charged her. These physicians and these druggists are among the strongest opponents of the law. And, as I am on the subject of money in connection with the law, let me add that the managers of the Guardian Home and their friends are also fighting this system, but only since they no longer receive so many hundred dollars a month for keeping such unfortunate women. Since the erection of a hospital of our own, the Guardian Home has lost a great amount of its income, and if nothing else has been effected by this, the purses of the managers have at least been diminished.

"Many of our respectable citizens urge that the penitentiary is the only means of thorough reform. Let me then propound this question:

"Why has the House of Refuge, which is only a mild form of the above institution, been unsuccessful in eradicating desires of unlawfulness from the minds and hearts of those girls who have been its inmates? In my own house I have admitted four girls from that establishment during the last six months, and am personally acquainted with many similar instances. And as for the reformation of which these good people talk, what can tend more effectually toward that object than the new reformatory which is in course of erection near our hospital? The aversion in human nature to being an object of contempt, or contemptuous pity, has prevented many a woman from making attempts to change her life, which she might otherwise have done. But in our new institution an emotion of independence is felt, a sort of feeling that true merit will be successful, which has a greater tendency towards encouragement than where the struggler is dependent upon the good-will of private individuals.

"With the threatened abolishment of the present system, would not only the inauguration of that reformatory be killed at once, but also all the good effects otherwise produced cease to exist. Therefore, I should like to see this letter go before the public; it is dictated by experience on one side, and on the other by a desire to prevent a step which afterward would undoubtedly be regretted even by those who are now anxious for its adoption."

\* \* \*

The prediction in the last paragraph of the above letter was quickly verified after the repeal of the law. The courtesan again solicited patronage in the public streets; dance houses were opened in portions of the city

from which they had been excluded, and prostitution flourished again tolerated and uncontrolled. Coincidentally with this renaissance of vice, venereal diseases increased in frequency, and at present it is doubtful whether St. Louis is behind any of her sister cities in the percentage of morbidity from venereal diseases.

Recurring for a moment to the working of the Contagious Diseases Acts in Great Britain, and their influence upon the prevalence of syphilis, I find that Dr. Thomas gives the same explanation that Dr. Nevins does to a certain portion of Inspector-General Lawson's report. I quote from Dr. Thomas (this journal, May 15, 1882, page 35): "We must not forget that at the subjected stations, in the army, all the men on coming to the station are examined and detained, till well, in the hospital. If they are absent more than three days from the station, this is repeated. There is no law for this, and it is not done at the unsubjected stations, and so the protected stations have an unfair advantage as disease is more readily discovered in the male." I venture to say that if Dr. Thomas had carefully thought over the consequences involved in this proposition, instead of adopting it from Dr. Nevins out of hand, he would not have been guilty of such a very lame bit of logic.

Granting that these extra precautions at subjected stations lessen the spread of syphilis by infected men, they yet increase the number of diseased men on the rolls as often as there are new arrivals at or returns from furlough to the station. This inspection is not made at unsubjected stations and hence all light cases of venereal escape registration at these stations thus diminishing the number of cases of venereal to their account; so that looked at from a common-sense standpoint the conclusions of Dr. Thomas are the very reverse of

those legitimately drawn from the premises.

Dr. Thomas adopts another sample of Dr. Nevins' remarkable logic. Dr. Barr, the examining surgeon at Aldershot, one of the stations under the Acts, testified that the number of old women (28 years and upwards) is greater now than formerly. Dr. Nevins concludes from this that the women either find it more profitable to remain in the business, or that the opportunities of escape from prostitution under the Acts are more limited. In other words, Dr. Nevins infers from these facts that the old Roman dictum: "Once a prostitute always a prostitute," is a legitimate sequence of the Acts. It occurs to me, however, that the solution of the problem lies nearer. The letter from the keeper of the house of ill-fame quoted above distinctly states that the opportunities for reforming are greater under the regulation system, and also that they are oftener taken advantage of. But the explanation of Dr. Barr's testimony as to the greater age of prostitutes under surveillance seems to be that owing to the better sanitary condition, in which they are placed, they live longer. The late Dr. W. W. Sanger, of New York, showed many years ago that the average duration of life of a prostitute after going "upon the town" does not exceed four years. If inspection and forced detention in hospital when diseased have lengthened these women's lives, it seems to me there ought to be some credit attached to the system for the woman's sake.

A great deal of capital has been made out of the cry that the State had no right to interfere with the liberty of the subject (citizen?) to the extent of subjecting her to periodic inspection or enforced treatment. Now, I don't know a great deal about law, or how far such an argument would be valid; but I give a quotation from John Stuart Mill (*On Liberty*,



page 134) which seems to me to quite cover the case: "As soon as any part of a person's conduct affects prejudicially the interests of others, society has jurisdiction over it, and the question whether the general welfare will or will not be promoted by interfering with it becomes open to discussion." It will probably be admitted that the condition laid down by Mill "affecting prejudicially the interests of others" is fully met by the action of the prostitute.

There is still one more point which is made much of by the opponents of a system of sanitary surveillance of prostitutes. "You inspect and often punish the woman," they say, "but you let the man go free. To make the thing fair all round both should be examined and punished if punishment is deserved." But my dictionary tells me that prostitution is "the common lewdness of a woman for gain." When a man places himself in the same position as a prostitute; when, as Kennard rather indelicately expressed it, "he sets himself up as a cross-roads bull," then I think he also should be brought under the surveillance of the sanitary police. At present I am not aware that any such contingency calls for our action.

I have tried in what I have here written, to give expression to opinions which I believe to be true. I have seen no arguments and no statistics from the opponents of the controlled toleration of prostitution which seemed to me sufficiently valid to change my opinions. I can only add a regret that the Legislature of the State failed to take action upon the bill drawn up by Dr. John Morris, and submitted at the late session of that body.

Trusting that I have not too much exceeded my allotted space, I remain,

Very truly yours,

GEORGE H. ROHÉ.

No. 95 Park Ave.

## TRANSLATION.

### THE QUESTION OF IODOFORM INTOXICATION.

BY DR. HEINRICH SINGER,

Division Physician in the General Hospital of Miskolcz.

(Conclusion of Article).

TRANSLATED BY J. EDWIN MICHAEL, M. D.

The cases above described speak in my opinion, so decidedly in favor of the iodoform treatment, and against the exaggerated fear of the toxic qualities of iodoform, that I have felt myself moved to say something in this direction, but I am forced, in the interest of the question, to make the following remark: My cases show at once clearly and incontrovertibly that there are persons who, in a relatively short time, can use an enormous amount of iodoform without showing a trace of intoxication. I cannot in this connection avoid the remark that it is at least very peculiar that a remedy which, used by one person in the dose of one gramm (*Centralblatt für Chirurgie* No. 7, Fall 1, Prof. König) produces transient toxic symptoms, which in doses of two gramms causes a longer period of delirium (*Ib* Fall 5), and the maximum dose of which Mikulicz places at forty gramms, may be used by many other individuals in doses ten to a hundred times as great without producing the slightest evidence of poisoning. I find nothing analogous to this in toxicology, and I consider myself justified, on the basis of the cases above described, in the assumption that the idiosyncrasy against iodoform pictured as *memento mori* by Dr Schede may, after all, not be so dreadful. Or are we numbered among the few mortals to whom fate for years has only brought such patients as are proof against the much-feared spectre of idiosyncrasy against iodoform?

In Prof. Mosetig's surgical wards, according to the last report of his assistant, Dr. Brun (*Med. Presse*, No. 7), "so far not one case of iodoform-intoxication has come under treatment." I am forced involuntarily to ask the question whether many of these cases supposed to have died from poisoning due to the iodoform treatment would not have gone the way of all flesh if they had never seen iodoform? To what surgeon has it not happened that a patient has suddenly died after operation without his being able clearly to state the cause of death? Of such cases it was formerly said, as the genial Prof. König so truthfully expresses it, in his work on the poisonous action of iodoform, they died of shock; later, after the discovery of chloroform, it had to bear the burden, then came carbolic acid, and now iodoform is the scapegoat. It is not intended by this to say that there are not cases in which iodoform may not act poisonously; authors, such as Kauf, König, Henry, Schede, Mikulicz and Czerny, about whose statements there cannot be the slightest doubt have related and described unquestionable cases of iodoform intoxication. I only wish to insist on the fact that with us in four years *not a single case of poisoning from iodoform has occurred*, and that we have never had the opportunity to observe any shady side to the eminently beneficial action of iodoform. And I would recommend in the warmest manner, in surgical circles, the method which we have used with truly brilliant results, in amputation of extremities suffering from osteomyelitis, if only to encourage further experimentation in this direction. It is indeed possible that an amputation wound, within the limits of which there is a diseased medulla, may heal even when the scraped out medullary cavity is not filled with iodoform. For my part I have only seen very deplorable results in such cases. But

on the other hand when the medullary cavity is scraped out and filled with iodoform, supported by my previous experience, I can almost guarantee that it will heal in a very short time if not per primam. Indeed, in view of the possibility of iodoform poisoning, let the method be so far changed that instead of filling the scraped out canal with iodoform it be well dusted by means of an insufflator. The method with this modification may not be less useful.—*Wiener Med. Presse*, May 7, 1882.

### SOCIETY REPORTS.

#### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

STATED MEETING HELD NOV. 23RD, 1881.

(*Specialy reported for the Maryland Med. Journal.*)

**CANCER OF PYLORUS.**—*Dr. Leonard* related the history of a man, 60 years old, who died of cancer of the pylorus. He was much emaciated. He vomited during the last year of life; on two occasions blood. During life no tumor could be discovered, which was explained by the position of the pylorus behind the liver. Slight nodulation and dulness on percussion could be distinguished.

For two months previous to his death he suffered from difficulty in swallowing, which, however, never amounted to regurgitation. The speaker considered the dysphagia as of reflex origin.

*Dr. Monmonier* referred to a case in which cancerous glands around the lower part of the œsophagus produced regurgitation of food and other symptoms closely resembling those of cancer of the stomach.

**RECOVERY FROM DIPHTHERITIC LARYNGITIS.**—*Dr. Taylor* related a case of diphtheritic laryngitis in a child 19 months old. When called (two weeks since) it had great difficulty in breathing, with supra-clavicular depression, and seemed in immediate danger of suffocation. Ammonia carb. and quina sulph., aa gr iiss, were administered every three hours for several days. On the fifth day the child began to improve and is now entirely well. The diagnosis of diphtheria



was substantiated in this case by the fact that there were diphtheritic patches on the pharynx, and that another child died in the same room with an undoubted case of this disease while this patient was sick.

That a case of this kind should recover was considered remarkable. The speaker thought that many physicians would have done tracheotomy in this case and would have attributed the recovery to the operation.

STAT'D MEETING HELD NOV. 30TH, 1881.

APHASIA IN A PHTHISICAL PATIENT.

—*Dr. Lynch* related the case of a physician who has for some time suffered from consumption. Two weeks ago, while attempting to give directions as to his breakfast, he discovered that he was aphasic. In attempting to talk he generally succeeded in pronouncing the first three words and then went off to something irrelevant. He could say a few commonly used sentences, such as "give me your right hand" when the left is offered, etc.

He recovered his speech entirely during the night. He does not suffer from heart disease.

CONTRACTED KIDNEY.—*Dr. Arnold* showed a specimen of contracted kidney produced by interstitial nephritis which was probably caused by gonorrhœa. The patient had vegetations on the tricuspid valves.

*Dr. Atkinson* thought this due to syphilitic inflammation, as the contractions were in spots and consisted of bands of fibrous tissue running through the cortex.

The capsule peeled off readily, which is not the case in granular kidney. In granular kidney we would also have the contraction uniform. Doubtless if gonorrhœa could cause interstitial nephritis, as inflammation spreads by continuity and hence would be more likely to cause a suppurative variety.

*Dr. Chambers* thought that the dropsy could be more readily accounted for by the heart trouble than the kidney.

UNION OF BONES OF FOREARM SUCCESSFULLY TREATED BY OPERATION.

—*Dr. Monmonier* related a case of union by callus between the bones of the forearm in consequence of a fracture.

He made an incision over the part, separating the muscles down to the callus, after boring a number of holes through which he succeeded in separating the bones. The arm was then put on a broad splint, the interosseous pad being used, by means of which, with passive movement, a complete cure with good motion has been effected.

NECROSIS OF BONE FOLLOWING TYPHOID FEVER.—*Dr. Morris* related the case of a boy who had suffered from typhoid fever for six weeks. A swelling made its appearance on inner side of the forearm, upon opening which from three to six ounces of pus were discharged, and upon examination a necrotic spot as large as a twenty-five cent piece was found upon the ulnar. A few days after was called again on account of a large swelling upon the knee-joint. This was opened and four ounces of pus discharged. Drainage tube was introduced and the knee kept washed out with carbolyzed solution. A necrotic spot was found upon inner face of the tibia and a gimlet passed into this to prevent the collection of pus.

STATED MEETING HELD JAN. 4TH, 1882.

SPECIMEN OF APOPLECTIC CLOT.—*Dr. Chambers* showed a specimen in which an apoplectic clot had destroyed the back and lower part of the cerebellum and almost all of the pons varolii. The specimen was from a woman, æt. 84, who, while sitting quietly on a chair, fell to the floor and expired almost instantly.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD FEB. 18TH, 1882.

(Specially Reported for the *Maryland Medical Journal*).

I. EDMONDSON & ATKINSON, M. D., President, in the Chair.

*Dr. R. H. Thomas* read a paper, published in this journal of March 15th, entitled OBSERVATIONS ON THE TREATMENT OF PULMONARY DISEASES AT MONT DORE IN FRANCE.

*Dr. Morison* alluded to a patient who had derived much benefit from the constant inhalation during the last three

weeks of creosote by means of an inhaler, covering nose and mouth and worn even during sleep. His appetite was improved and his night sweats had disappeared.

**SPECIMEN OF RUPTURE OF HEART.**—*Dr. Chambers* exhibited the specimen, obtained from a robust man who had been drowned. The previous history was unknown, except that the habits were dissipated. On opening the chest it was found to be filled with blood, and an aneurism was suspected. There were the signs of chronic arachnoiditis and extensive pericarditis. The aorta was very short. A rupture was found in the upper portion of the right ventricle, which was much dilated with very thin walls. The heart was very pale, probably from fatty degeneration, although this had not been confirmed by microscopic examination as yet. The question was, was the rupture due to struggling in the water, or did he fall into the water because of the rupture. *Dr. Chambers* was disposed to regard the latter as the true explanation.

**FIBRO MYXOMATOUS (?) TUMOR FROM MALE BREAST.**—*Dr. R. W. Johnson* exhibited a specimen of tumor removed from the left breast of a German sailor, æt. 53, who had syphilitic ulcers on the legs and had been under constitutional treatment for some time previous to the operation. The tumor was the size of a pigeon's egg and occupied the centre of the mamma. The skin over it was not adherent. It was removed at the request of the patient who feared an increase. On section it presented a bluish-gray appearance, and on microscopic examination was found to consist largely of fibrous tissue with myxomatous elements.

**SPECIMEN OF FOREIGN BODY REMOVED FROM A CHILD'S NOSE, WHICH HAD BEEN MISTAKEN FOR NECROSIS.**—*Dr. Michael* reported a case of a child 4 years old, who was brought to the Presbyterian Eye and Ear Hospital with a statement that it had had trouble in the right nostril, with difficulty of breathing and occasional hemorrhage, since 6 months of age. Upon examination, the attending surgeons diagnosed necrosis of a turbinated bone. On the

following day under anæsthesia, a piece of corn shuck was removed from the affected nostril. The signs elicited by the use of the probe, together with the unlikelihood of a foreign substance remaining in this situation so great a length of time, had caused the error of diagnosis.

*Dr. C. McSherry* said that such substances usually become dislodged by ulceration. He referred to a case of his father's, in which a leaf had been removed from the nose three weeks after its introduction; also to one of his own in which a button that he was unable to remove disappeared and was swallowed after the use of a syringe and oil.

*Dr. Theobald* spoke of the indestructibility of such vegetable substances.

*Dr. Latimer* had removed a bit of sponge which had been in a child's nose about one month and yet exhibited no change.

*Dr. J. C. Thomas* mentioned the case of a lady who suffered from cough and expectoration until she coughed up a piece of cedar twig; also a case in which a grain of oat remained eleven months in contact with the membrana tympani, becoming impregnated with the secretion of the auditory canal.

*Dr. J. D. Arnold* reported the following case: Three weeks ago a child 5 years old was brought to him for treatment for supposed "ozæna." There was a continual discharge of foul pus from the nostril. An examination was made, and a fragment supposed to be bone extracted. A considerable discharge of blood and pus ensued. Another piece was now felt which was removed with great difficulty when it was found to consist of an ivory button with an iron shank. The symptoms in this case (according to the mother) dated from a fall, but the child had previously stated that it had swallowed a button. The nostril was not filled by the button; a probe could pass by it. *Dr. Arnold* believed that the button had ulcerated into the antrum, from which its removal allowed a discharge of pent up pus.

*Dr. Morris* opened the regular discussion for the evening—

**SOME OBSERVATIONS ON BOVINE VACCINATION.** (*Dr. Morris's* paper was pub-



lished in the MARYLAND MEDICAL JOURNAL of April 1st).

*Dr. Theobald* recalled a case of constitutional syphilis in an adult in which Sir James Paget and others believed that the disease had originated from vaccination.

*Dr. Chambers* referred to the case of a gentleman—bearing the pock-marks of small-pox—who “took” better than any member of his family.

*Dr. R. W. Johnson* suggested vaccination by scraping off the epidermis with the ivory point, which was easily done after moistening the skin. The point can then be thrown away and thus the danger from the use of a lancet which may be impregnated with morbid matter may be avoided.

*The President* said the possibility of vaccinal syphilis is admitted although only as an event of extreme rarity. He said there was one great source of fallacy, i. e., the idea that there is no danger unless we draw blood; the lymph itself contains the syphilitic virus as well as the blood. He was entirely in favor of bovine vaccination. Among its inconveniences, however, are a generally slower development and more irritation to the parts where it is applied; many arms are made very sore with it. In many cases of unsuccessful bovine vaccination a raspberry-like papule resembling frambœsia appears and remains for months.

*Dr. Latimer* had long held the view that the blood was not more apt than the lymph or other tissues to convey disease, the whole system being impregnated with the virus. He was inclined to regard the bovine virus as more protective than the human, but its use has often to be repeated, even in virgin constitutions, before it will act. He preferred the needle to the lancet in performing vaccination, finding it more successful and the surface being broken by it with less flow of blood. He had noticed the mulberry sores referred to by the President. The bovine virus causes more disturbance and is longer in acting than the other; he did not look for any effect from it until the seventh day. When small-pox was present the humanized virus was to be preferred because it is more prompt in its effects.

*Dr. Stewart* read some statistics relating to the prevalence of small-pox at this time in Baltimore. Up to the 12th inst. 90 cases of small-pox had been admitted into the Quarantine Hospital under the care of Dr. Howard; 12 were whites and 78 colored. Of the former 5 died (41.66 p. c.), of the latter 20 (25.13). Of 21 cases treated in the city, 10 died (nearly 50 p. c.), showing a very decided proportion in favor of hospital treatment.

*Dr. S.* preferred bovine virus because of less danger. Absolute security is hardly attainable in the use of human virus.

*Dr. Conrad* said the areolar formation was the only reliable evidence of protection; it was immaterial what occurred so this was perfect. Nine days at the least previous to the expected onset of small-pox are required to abort the disease by vaccination. In the vast majority of vaccinations with humanized virus the areola has been perfected by the ninth day; in some cases, however, it is not completed until the tenth or even eleventh day.

*Dr. McKew* preferred the humanized virus. We can't always rely upon the animal virus in times of epidemics when there is so much haste on the farms. He had found very many failures from the bovine virus; none in a long time with humanized virus. In a family the children were vaccinated with bovine virus; one did not take even on repetition. He then used the crust from the arm of one of the other children, when a characteristic vaccinia was developed. He asked whether the kind of keloid scar of the bovine vaccination, without foveations should be considered protective. He had now under care a case of discrete small pox in a boy, æt. 13, who had three good marks on each arm.

*Dr. Stewart* referred to the case of a man, æt. 40, who refused to be vaccinated because he had had small pox in his youth, who has now a well marked case of that disease—a second attack.

*Dr. Rohe* had recently seen a very bad case of confluent small pox in a patient, whose physician was sure that he had had the disease last year; the patient also stated that he had had it previous to that in Ireland.

The President said that he always made two incisions in the arm in vaccinating children, it having been proved in the London Small-pox Hospital that the mortality is in inverse ratio to the number of vaccine marks. In answer to an inquiry of Dr. Naylor, he stated that according to Dr. Russell Reynolds' System of Medicine, any traumatic injury to the vesicle destroys the protective influence.

Dr. Conrad added that the same result followed inherent defects in the vesicle.

## AMERICAN MEDICAL ASSOCIATION.

From the telegraphic report of the late annual meeting at St. Paul, June 6th to 9th, published in the *Med. News*, June 10th, we learn that the meeting was attended by 883 delegates, the largest number, with one exception, in the history of the Association. In the absence in Europe of the President, Dr. J. J. Woodward, Dr. P. O. Hooper, of Arkansas, presided.

Protests were presented from numerous State and local societies against the admission of delegates from the New York State Medical Society and condemning its course in reference to the Code of Ethics. These being referred to the Judicial Council, the latter reported that it found provisions in the said code "essentially different from and in conflict with the Code of Ethics of the Association, and, in accordance with the ninth by-law of the Association, decided unanimously that the said society is not entitled to representation by delegates in the Am. Med. Ass'n." This action, which was final, was received, it is said, "with prolonged and enthusiastic applause."

A report was presented favorable to the establishment of a weekly medical journal, instead of the volume of Transactions hitherto published, and providing for the appointment of a Board of Trustees, nine in number, to agree upon a plan and to secure subscriptions and report at the next annual meeting. These measures were adopted. The volume of Transactions will, however, appear this year as usual.

A resolution was adopted endorsing and commending to Congress the proposition of the Surgeon General of the navy to establish a "National Museum of Hygiene" at Washington; also one protesting against the reduction of the annual appropriation to the museum and library of the Surgeon-General's office from \$10,000 to \$5,000.

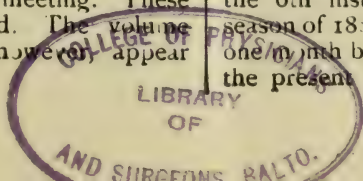
Dr. John L. Atlee, of Lancaster, Pa., was elected President for the ensuing year, and Drs. E. Grissom, N. C., A. J. Stone, Minn., J. A. Oesterlony, Ky., and H. S. Orme, Cal, Vice-Presidents; the other officers as before. Cleveland was selected as the next place of meeting.

The above constitute the most important points in the telegraphic summary referred to, which is only for the first three days, the last day's proceedings not being given.

## EDITORIAL.

THE ACADEMY AND ITS TERMS OF ADMISSION.—By the conditions of admission imposed by its constitution embracing only men of a certain age and experience in practice, this society has placed itself in a position the very nature of which insures sharp scrutiny and criticism. A superiority of experience certainly justifies an expectation of superiority of attainments and achievement; and to whom do the young look for precept and example if not to their seniors? It is, therefore, evident that the self-assumed position which the Academy has taken involves responsibilities which cannot be shaken off or ignored. Whatever its members may say of the objects for which it was created its work and contributions must not fall below the highest standards reached by similar organizations in our midst else it will become an object of ridicule and contempt.

Sufficient weight has not been heretofore accorded in the society to such considerations as these, but we believe that they are at last beginning to be appreciated. At the meeting held on the 6th inst., the closing one of the season of 1881-82, the resolution adopted one month before offering at the close of the present fiscal year a prize of \$100





for the best thesis written by *any* Maryland physician was reconsidered and in its place a prize of \$50 was offered to that *member of the Academy* who should read the most creditable paper during the year. The object of this change is clearly to excite emulation among the members and improve the character of the work. Whilst personally we regret that the public spirited liberality of the Academy has taken so narrow a field, we cannot question the wisdom of the present disposition of the funds and its sufficiency to elevate very considerably the character of the society's work.

At the same meeting the question of modifying or repealing the "ten-year clause" was brought up. A committee appointed at a previous meeting "to consider and report what changes were needed to promote the efficiency of the society," had recommended to modify this clause by making eligible to membership any physician of less than ten years' experience who should present an acceptable thesis. When this amendment was offered, a substitute was proposed declaring eligible *any* physician—without regard to age and experience—who should present an acceptable thesis. The substitute obtained but a small vote in its favor, as did also an amendment to the amendment making the term of years exempting the candidate from the writing of the thesis *twenty five* instead of ten. The committee's amendment was then taken up and after discussion voted upon; it was lost by a failure to receive two-thirds of the votes cast. It received, however, the *majority* of the votes, which shows that the sentiment of the Academy is in favor of a modification of the terms of admission hitherto in force. The result of the vote of course is that the terms remain as before.

The objections urged to a change by those who opposed it were that it was contrary to the genius of the society and to the purpose of its founders which was to draw together into an organized body the older members of the profession who have not heretofore attended such meetings; that set discussions and highly scientific papers were not contemplated in the founding of the society; that the proposed thesis would be a mere formality since

any sort of paper would be accepted; that the meetings had been perfectly satisfactory and that nothing was to be desired, &c., &c. That the constitution was not intended to be an iron law incapable of change or variation was shown at the meeting of May 2nd, when these very gentlemen who had insisted so strongly against its modification voted in favor of an amendment to it. We fail to see any force in the other objections. As for the last we would say that any individual or body feeling *perfectly satisfied* with himself or itself is in a very hopeless condition.

It remains now to be seen whether the ruling *minority* or the defeated *majority* were right in their judgment. It is natural to suppose that any body of scientific workers would be glad to receive men of talent and ability within its ranks. Intellect cannot be circumscribed by years, and it is our earnest conviction that a condition based *solely* upon age will inevitably be a check to the prosperity and usefulness of any medical organization.

THE AMERICAN MEDICAL ASSOCIATION AND THE NEW YORK CODE.—The action of the Am. Med. Ass'n in refusing representation to the delegates of the New York State Society was a foregone conclusion and, therefore, excites no surprise. The by-law, in accordance with which this action was taken, reads as follows: "No State or local medical society, or other organized institution, shall be entitled to representation in this Association that has not adopted its code of ethics; or that has intentionally violated or disregarded any article or clause of the same." Can the advocates of the new code have been ignorant of this law? Can the delegates themselves have expected admission to a society whose authority had been so flagrantly violated? The indications now are that the new code will be rescinded at the next meeting of the New York Society, a consummation in the interest of professional harmony and strength, devoutly to be wished.

CLOSE OF THE SOCIETY SEASON.—The early days of June and the summer

heat bring with them the final meetings and adjournment of the societies. The Clinical closed on the 2nd inst. with interesting papers on "Digitalis," by Dr. Chew, and "The Curette," by Dr. Browne. The season with this society has been one of incessant activity. It is stated that the attendance has averaged nearly fifty members and that twenty five papers have been read during the year. The Academy closed on the 6th, when Dr. Tiffany opened the discussion of "Litholapaxy." The Medical Association adjourned on the 12th, with a paper read by Dr. R. Winslow on "Hemorrhage from the Palm." It is understood that the Section on Obstetrics and Gynecology and Ophthalmology and Otology, of the Med. and Chir. Faculty, have also organized and will commence work early in the fall. In point of numbers of our medical societies we certainly are not in want; in the quality of the work done we can say there has been on the whole a decided improvement during the year.

#### REVIEWS, BOOKS & PAMPHLETS.

*A New Baltimore Book—"The Physician Himself."*

The appearance of a medical work by a Baltimore physician, and especially from a Baltimore publishing house,\* is not an event of such frequency that we yet look upon it as a matter of course. There have been rumors of late of the preparation of several such works, but whether others will ever see the light of day, time alone will decide. The author of the one before us is Dr. D. W. Cathell, a prominent physician of the eastern section of the city, formerly Professor of Pathology in the College of Physicians and Surgeons, ex-President Med. and Surg. Society, &c. It deals with "personal questions in medical practice," and consists of thoughts upon various subjects jotted down in the course of a busy professional life. "There are gentlemen in the ranks of

our profession who are perfectly acquainted with the scientific aspects of medicine, and can tell you what to do for almost every ailment that afflicts humanity, who, nevertheless, after earnest trial have never gotten either reputation or practice, because they lack *professional tact and business sagacity*, and there is nothing more pitiful than to see a worthy physician deficient in these qualities, waiting year after year for practice that never comes." How such physicians may secure success it is the author's object to point out. We have dotted down the following as among the themes referred to in the book: Morals, conduct, business, hygiene, therapeutics, drugs, dress, ethics, societies, consultations, quackery and fees; there are, of course, a great many more, and we only quote these to give some idea of the scope of the work.

The first impression of this book will not be a favorable one, for it deals with very common subjects, and much will be found in it that will appear trite and commonplace, especially to the scientific reader; but as we read on we will probably become more and more interested, and we will be impressed with the fact that we have before us a very clever book—at least such was the case with ourselves. It is the little things of life, the everyday and often irksome details, the things that men of high attainments are apt to neglect or despise, that turn the scales of fortune for many a man in the battle of life. Upon the importance of these the author insists; they have been with him the subject of close observation and study, and he has illustrated the truth of his maxims by his own most successful career. Whatever others may think *we* feel that there is in this book just that something which we always have lacked—that something which no previous work of any physician or other author has supplied. By calling attention to much neglected and often

\* Messrs. Cushings & Bailey, 252 W. Baltimore Street.



ignored matters, by insisting upon systematic habits and attention to business details, and by pointing out the best course to pursue in many of the embarrassing situations of professional life, the author has rendered the profession and especially the younger members of it a service for which we feel sure he will in the end be both thanked and compensated.

But this is not all; there is pervading the book a high and healthy tone that gives nobility even to questions of a purely mercenary nature.

A book that possesses so much merit can afford to have some defects which, like the shell, obscure and mar the beauty of the kernel within without, however, impairing its virtues. The defects relate to faults in style, in spelling and punctuation; to the use of provincialisms; and to want of system and order in the arrangement of contents. In its 188 pages there are no divisions except the breaks indicating the beginning and ending of paragraphs. There seems to have been but little attempt made to group together subjects naturally related to each other. This want of systematic presentation, of chapters, &c., is met to some extent by an index at the end of the volume. The defects are such as are easily corrected and we have no doubt that an early demand for a new edition will not only enable the author to correct errors but also to add other material calculated to render his production more complete. The practical value of his book to the physician, and especially those who have but recently entered upon a professional career, can hardly be overstated, and we predict for it a great popularity and rapid sales.

#### MISCELLANY.

**SURGICAL INTERFERENCE IN CARCINOMA OF BREAST.**—I. Surgical intervention tends to retard by preventing local dissemination, implication

of the associated lymphatic glands, and development of visceral tumors.

2. Local reproductions do not militate against permanent recovery, provided they are freely excised as soon as they appear; lymphatic involvement does not forbid operation, since infected glands were removed in more than one-third of the examples of final cure.

3. The subjects are almost without exception safe from local and general reproduction if three years have elapsed since the last operation.

4. The risk from operations is outweighed by their benefits. They add twelve months to life and cure more than one half as many as they destroy.

5. All carcinomata of the breast, without evidence of metastatic tumors, and if thorough removal is practicable, should be dealt with as long as possible by amputating the entire mamma and its integuments, dissecting off subjacent fascia and opening the axilla for exploration and removal of any glands not palpable prior to interference.—*S. W. Gross, Med. News.*

**NOTICE TO GRADUATES OF BELLEVUE HOSPITAL MEDICAL COLLEGE.**—A second decennial revision of the catalogue of Alumni of this college is being prepared for publication, and we are requested to ask that all graduates send their present address, at once, on a postal-card, to the Historian of the Alumni Association, Bellevue Hosp. Med. Coll., New York, N. Y.

#### MEDICAL ITEMS.

THE title of the "Section on Dentistry," Am Med. Ass'n, has been changed to "Section on Dental and Oral Surgery."—The Academy of Medicine has again refused to introduce the refreshment feature into its meetings.—Prof. Bigelow, the eminent surgeon, has resigned the Chair of Surgery in Harvard University.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

THOMAS A. ASHBY, M. D.,

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WHOLE No. 89.

BALTIMORE, JULY 1, 1882.

VOL. IX, No. 5.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### THE ACTION OF DIGITALIS CLINICALLY CONSIDERED.

BY S. C. CHEW, M. D.,

Professor Materia Medica and Therapeutics,  
University of Maryland, School of Medicine.

(A paper read before the Clinical Society of Maryland,  
June 2nd, 1882).

At the last annual meeting of the Medical and Chirurgical Faculty of Maryland, a paper was read in which were recounted an interesting and well conducted series of physiological experiments intended to show the effects of digitaline on the hearts of frogs and terrapins. These experiments seem to have been made with great care, the sources of error were as far as possible excluded, and the results were fairly determinate as regards the animals experimented upon.

In themselves, and as far as they concern these animals, the experiments in question, whatever biological interest they may have, are of little or no medical value; but they become highly important when made the basis on

which to reason inferentially to the effects of the same drug on the human heart and in conditions of disease of that organ. Their therapeutic bearing would indeed seem to be the only adequate ground on which they could be brought before a body having the aims and purposes which belong to the Medical and Chirurgical Faculty.

For this reason I deem it important to examine, not the experiments themselves, but the deduction from them, and to show that the main practical conclusion to which it is suggested that they lead, viz., that "the work of the human heart is *decreased* by digitaline, not increased," is not a legitimate consequence from the premises, and is in itself untrue.

There is reason to fear that those who have as yet had but little clinical experience in the use of digitalis may consider these experiments conclusive as to the medical applications of the drug, and thus an old error may be rehabilitated, or at least confidence in the really valuable uses of the agent may be shaken, if, indeed, injurious misapplications of it are not made.



The fallacy in the argument used in arriving at the conclusion referred to is the one termed by logicians that of *non pari materia*. For there are such differences in the actions of some drugs on man and certain of the lower animals respectively, which may perhaps be referred to differences in the constitutions of their nervous or digestive systems, that it is impossible to reason conclusively from the one class of actions to the other. Thus belladonna, which is so highly poisonous to man, appears almost harmless to certain of the herbivora, a horse having been known to eat eight pounds of the leaves without perceptible effect; and fifteen grains of atropia having been required, according to Farquharson, to poison a rabbit. Bouchardat fed rabbits for a month on belladonna leaves without any harm resulting; while as showing distribution of the active principle throughout the systems of the animals, their urine applied to a cat's eye caused dilatation of the pupil. In further proof that the remarkable non-action of the drug is not due to alterations in its activity occasioned by the digestive secretions, it was found that five grains of atropia might be administered hypodermically to these animals without poisonous effect. Ducks and pigeons are known to take with impunity enormous doses of opium and of morphia in comparison with those which can be given to human beings. These and other allied facts are so well known that it would be needless to refer to them but for their bearing on the question under consideration. I repeat, then, that there is no such parity of material or structure between man and the lower animals that experiments of the sort referred to can furnish a basis for positive physiological or therapeutic deductions.

I do not intend to go into an examination of these recent experiments; I am willing to admit as far as my present argument is concerned, that

they disprove the conclusions of Böhm, of Fagge and Stephenson, of Eulenberg and Ehrenhass, and the late ones of Traube, all of whom have maintained the essentially tonic action of digitalis even on the hearts of frogs; and that they reestablish the earlier teaching of Traube that the drug has a weakening effect on the hearts of these animals. Nor do I to consider that these experiments may be regarded as showing, and may have as their special result that they do show, a diminution of the total amount of work done by the heart *in a given time* under the influence of digitalis, from the prolongation of the diastole which occurs from its use.

The error attributed to Böhm in the paper under consideration, is that he relied upon a series of experiments on the isolated frog's heart, and thus failed to see the constriction of the arterioles caused by digitalis; whence it would seem to be argued that the apparent increase of cardiac action is more than counterbalanced by the augmented resistance on the part of the arterioles. Take the digitalized heart by itself, and it appears to do more work; but take it when counterbalanced by the increased constriction of the arterioles caused by digitalis, and its actual work is lessened. This seems to be the reasoning. Now, granting that this objection is well made, and that in the cases of frogs and terrapins there is really less work accomplished by the heart when under the influence of digitalis, yet the practice of those who defend on and adhere to the modern clinical uses of the drug, is not thereby invalidated in the least degree; its medical use is in no way discredited by its effects on animals. I maintain as a therapeutic fact, and as the one therapeutic fact of importance in connection with this agent, that the conditions in which it acts best are just those in which, as determined by auscultation, there is

failure in its work on the part of the heart; just those which could not result except from lessened cardiac power.

And if this be true, it negatives the conclusion reached in the paper referred to, that "the work of the human heart is decreased by digitaline;" for it is impossible that an agent having a weakening action can relieve physical conditions which are themselves dependent on a depressing cause.

In studying the history of the application of digitalis to cardiac disease it is interesting to see that its proper employment was in the first place the result, not of physiological experiments on animals, but of careful clinical observation based upon that popular reputation and use, which in not a few instances have preceded the adoption of drugs by the profession. It had been extensively used in England as a remedy for dropsy long before any connection between dropsical effusion and cardiac disease was suspected to exist, when Dr. Withering, in his "Account of the Foxglove," published in 1785, almost one hundred years ago, pointed out clearly the true indications for its use, to which his own careful observation had led him. "It seldom succeeds," he says, "in men of great natural strength, of firm fibre, or in those of tight and cordy pulse; but, on the contrary, if the pulse is feeble or intermitting, the countenance pale, the lips livid, the anasarcaous limbs readily pitting under the pressure of the finger, we may expect the diuretic effects to follow in a kindly manner." The explanation of its serviceable action under such circumstances is now easily given, though Withering was of course not aware of it. All of these symptoms including the imperfect action of the kidneys and consequent lessened amount of urine, were due to an attenuated and weakened state of the heart wall, as proved

by numerous *post-mortem* examinations of similar cases; and this was strengthened by the digitalis; just as all of these symptoms would have been certainly aggravated by any agent exercising a depressing and weakening effect. With the imperfect knowledge of the drug possessed in Withering's time the result was that while in the hands of physicians as skillful and as accurately observant as he, it was often a remedy of great value, yet in the absence of any fixed principle by which to direct its use, it was in many cases given in a loose and inaccurate fashion, like the drawing a bow at a venture, and thus did harm.

No medical reading is more interesting, nor perhaps more instructive, than clinical reports by physicians of an earlier time upon conditions of disease on which modern research has shed a light not possessed by them. It is a sort of reading with which all must be familiar, who aspire to make themselves medical scholars.

We are often able to test the accuracy of observation of the older writers, and the faithfulness with which they made use of the limited means at their command for finding the truth, by seeing how near they sometimes came to the great discoveries of a later day, and how remarkably their conclusions have been in some cases confirmed by advancing knowledge. Dr. Blackall's classical observations on the "Nature and Cure of Dropsies" is a case in point. Working in a twilight which was subsequently to be enlightened by the genius of Richard Bright, he was the first to show systematically the connection between some forms of dropsy and albuminuria.

It is evident from a study of his recorded cases that while he erroneously considered the presence of albumen in the urine as the special indication for the use of digitalis, yet he correctly apprehended that the conditions in which it is most beneficial are those



of lessened cardiac power. Take for example such a case as this: "W. H., aged 48, pale and bloated, with a remarkable purpleness of the lips, pulse quick, irregular, great dyspnœa on motion, urine coagulating by heat somewhat under the boiling. He had been falling into this state for nearly twelve months. Fifteen drops of tincture of digitalis every eight hours gave considerable relief, and enabled him both to lie down in bed and to walk up hill with ease."

Another case which he treated in January, 1808, is thus described: The patient, 50 years of age, was "sallow and rather bloated, with an irregular and intermittent pulse, and considerable dyspnœa after any exertion, waking from his first sleep in severe suffocation, and being unable to lie down for the remainder of the night. The urine grew milky when placed in a spoon over the candle. From this circumstance more than any other I recommended the digitalis. He took only two drachms of the infusion twice a day for a week. His symptoms were wholly carried off by it. Every winter since he has had a slight attack, and he takes at those times, by my advice, ten drops of the tincture of digitalis, which uniformly relieves him."

Now it seems fairly inferable that in these cases there was a condition of passive renal congestion with consequent albuminuria dependent on the lessened force of the heart. But we are not left to inference as to the view with which Dr. Blackall prescribed the drug so far as the condition of the heart was concerned. He states distinctly in the language of his day, that it is "the feeble habits which this remedy peculiarly assists; it acts more favorably on a weak and lax fibre, where the complexion is pale and transparent; less so in men of great natural strength, a corded pulse and a florid complexion. The signs which indicate its employment

are certainly attendant on great feebleness of body, either natural or acquired." So accurate an observer as Blackall would not have reached such conclusions as these in regard to a drug, the action of which is to "decrease the work of the human heart." He was also perfectly aware of the uncertainty which previously to his own observations and those of Dr. Withering had attended its use, and continued to do so. "Although," he says, "it had been employed very frequently as a domestic drug, yet its exhibition was regulated by no sort of distinction or principle. The results have been some unexpected recoveries much talked of, and more failures, which tell no tales." In the light of modern knowledge of the action of digitalis, is not this just what should be expected from its indiscriminate use?

Afterwards physiological examination was directed to the study of its action, and it was held as a consequence of this that the drug is essentially and primarily a cardiac tonic. With this principle, founded, it is true, upon experiments on animals, once fixed, its use has become systematic, orderly and crowned with abundant therapeutic results of the most beneficial character. Waiving the question whether these experiments were inaccurate and erroneous, or not, the therapeutic deduction from them has become a fixed reality. But it would be indeed curious should it turn out that when the medical uses of digitalis were hap-hazard and uncertain, they received definite aim and scientific precision from supposed physiological results, which were subsequently shown to be themselves erroneous, just as a scaffolding used in erecting a building might be discovered to have been a badly arranged and defective structure, while yet for the time it served the purpose it was intended for, and was thus the temporary means by which a permanent

and reliable edifice has been secured.

Experiments with drugs on animals have no conclusive force as to the therapeutic employment of these drugs. They may help us for a certain distance along our way by offering hints or suggestions as to the tentative use of the drugs in question; but the only true test of value or safe guide in practice is clinical trial and observation. But if it is important not to allow too much weight to physiological experiments beforehand until their results are substantiated by bedside experience, it is very much more so not to let them lead us into direct errors in practice in opposition to the lessons taught by clinical observation. "The constant habit," says Herbert Spencer, "of drawing conclusions from data, and then of verifying these conclusions by observation and experiments, can alone give the power of judging correctly."

And surely for our purposes as therapists we need something more than the data provided by physiological experiments; we need the verification of clinical experience which alone will enable us to judge correctly.

"Formerly," says the judicious Niemyer, "I regarded the use of digitalis in dilatation of the heart as unnecessary or even dangerous, when prepossessed by the doctrine of Traube regarding its effects upon the contractile force of the heart. Of late years I have convinced myself from a great number of observations that digitalis is a very efficient means of temporarily strengthening the heart's contractile power. It were very desirable that clinical teachers and physicians should endeavor to promote the cause of therapeutics by a more rigorous analysis of the results of their treatment of disease in human beings rather than make experiments on dogs with their medicines. Indeed, the more recent researches of Traube have afforded results which are abso-

lutely contradictory to his former conclusions, and which are more in accordance with experience at the bedside."

I commend these wise words to all who, from the recent experiments which have suggested these remarks, may be disposed to think that "the work of the human heart is *decreased* by digitaline, not increased, as some have maintained." For our purposes as physicians they are of more value than observations on many frogs.

It may be regarded, then, as one of the fixed facts of therapeutics that digitalis is capable of giving relief to the symptoms resulting from attenuation and weakening of the heart muscle.

But to get its best effects we must be guided in its application by an accurate diagnosis; and we are never more dependent upon auscultation than we are in determining the conditions to which digitalis is applicable.

Whether the use of the drug is to be considered as extending to all conditions of cardiac weakness irrespective of their cause, is a question that is far from being settled, and one needing much further investigation. Whether, for example, it is beneficial in the cardiac weakness of the febrile state, which seems to be sometimes rapidly induced by the paralyzing influence of a very high temperature, and is sometimes the result of the long continuance of a temperature above the normal but not excessive, must be determined by an induction from a larger number of cases than seems as yet to have been observed with reference to this point. Certain it is, I think, that though some measure of good may be derived from its use in pyretic asthenia, it is yet not strikingly beneficial as it is in what may be termed the mechanical weakness of an attenuated heart. Nor is the reason of this far to seek; for in the case of fevers there is often a toxic state of the blood, from undue heat, or from a poison received from



without, or from the products of metamorphosis of tissue, or from all of these causes together, against which the digitalis may have no antidotal influence. Yet some practitioners, notably the Germans, do attach great value to the use of the drug in the febrile state, and regularly prescribe it. I feel quite sure of its beneficial action in some cases of pulmonary phthisis, where, as so frequently happens, a quick pulse and high temperature are associated; better effects being gotten from the combination of digitalis with full doses of quinia than from the latter agent alone.

In pulmonary vesicular emphysema benefit may be derived from the use of digitalis in a comparatively early stage of the disease, where from pressure of the dilated vesicles upon the pulmonary vessels some degree of dilatation in the right ventricle has begun; the tonic action of the drug enaïng the ventricle to overcome the resistance to some extent.

But at later periods, even though cardiac dilatation be very marked, yet in view of the actual obliteration of many pulmonary blood-vessels, and the great ischæmia consequent thereupon, its use is, to say the least, doubtful.

Far the most important therapeutic purpose, however, which digitalis is capable of accomplishing, and for which its action is in so many cases of indubitable efficacy, is that of relieving conditions of cardiac dilatation which have taken their origin in valvular disease of the organ.

There are several forms of organic disease of the heart in which the drug may prove serviceable, and in each of them the element of cardiac weakness is invariably betrayed. It is, of course, impossible within the limits of this paper to discuss all of these together with the various events and mechanical processes, so to speak, by which in each of them

sooner or later dilatation is liable to be established.

In cases of mitral stenosis and of mitral insufficiency, and also in cases of aortic obstruction, when compensation is beginning to fail, digitalis may aid in restoring and in maintaining it. But the state to which it seems to me to be most applicable is insufficiency of the aortic valves with consequent diastolic regurgitation, because from the physical conditions involved in it early and marked dilatation is easily induced. Here the timely and proper use of digitalis illustrates very strikingly its tonic and strengthening action.

Of the employment of digitalis in this affection Dr. Balfour, in his excellent Clinical Lectures on Diseases of the Heart, remarks that in it "We often obtain the most brilliant therapeutic results from the use of the drug." "It is the one disease," he says, "in which its use requires to be pushed most freely, because in it we desire to produce a *certain amount of firm contraction* of the apex, and diminution of the ventricular cavity. After we have gained our end by limiting the dilatation, and increasing the force of the cardiac systole, these results may be permanently retained without risk by diminishing the dose."

And in another place the same writer remarks that "for us, as practical physicians, it is enough to know that the drug produces tonic contraction of the cardiac muscle, which increases the force and duration of the heart's systole, correspondingly diminishing the diastolic distention, and that as the result of a continuance of this peculiar action in a small degree and for some time, we have an improved nutrition of the cardiac muscle."

In explanation of the way in which dilatation results so surely and comparatively so early, in this form of disease, I may add a passage from a paper of my own on this subject pub-

lished the year before Dr. Balfour's work had appeared. "There is in this condition, i. e., aortic insufficiency, a reflux tide from the aorta opposed to that flowing at the same time from the left auricle; a consequent presence in the ventricle of a larger amount of blood than should be there; the undue distention of its walls; in a word, progressive dilatation. Consider for a moment the reason that dilatation results in this condition; in simple aortic obstruction the pressure comes just when the blood is in the grasp of the strongly contracting ventricle; but in the case we are considering the two currents are brought to bear upon its walls simultaneously and just when they are in their diastolic, relaxed and yielding state; hence the dilatation. Compensative hypertrophy may exist to a certain degree, but sooner or later it is overbalanced by advancing dilatation; and then the state exists in which the sovereign virtues of digitalis are seen. Often as I have witnessed this power, I cannot but marvel sometimes at the deliverance it affords to those who are ready to perish."

If the treatment of such cases be guided by the rules which accurate diagnosis lays down, it may be as satisfactory and even as brilliant as any within the range of therapeutics. But if the drug be given with no precise and scientific aim, irrespectively of the existence of hypertrophy on the one hand, or dilatation on the other; or, to come back to the theme with which this paper was begun, if it be given deliberately in hypertrophy under the mistaken belief that "the work of the human heart is decreased by digitalis," why, then, the physician may sometimes be left to the unpleasant reflection that the hand which was invoked to administer relief has itself sped "the shaft which quivers in the heart."

## TREATMENT OF HEMORRHAGE FROM THE PALM.

BY RANDOLPH WINSLOW, M. D.,

Demonstrator of Anatomy, University of Maryland.

(Read before the Baltimore Medical Association, June 12th, 1882).

*Mr. President:*—My remarks this evening will be based upon a case, the report of which I will first read:

W. C. B. admitted to University Hospital July 1st, 1881. Several days previous to admission, a soda water bottle exploded in his hand and divided the web between the thumb and index finger nearly to the bone, severing either the princeps pollicis or radialis indicis arteries. The hemorrhage was profuse, and after consulting several physicians, with only temporary benefit, he sought entrance into the University Hospital during my service. The resident physician applied compression faithfully, but without permanent relief, and although efforts were made to secure the bleeding vessel in the wound, it was found impossible to do so, as the cut surfaces had become fungous and friable. I, therefore, determined to ligate the radial and ulnar arteries above the wrist. The operation was performed on July 6th, both vessels being ligated in continuity, with silk ligatures. The wounds were brought together with sutures, and dressed with carbolyzed oil, and the whole hand enveloped in cotton wool and placed in a sling. On the next day the collateral circulation was fully established, the fingers and hand being of normal temperature. No subsequent bleeding occurred, and the wound in the hand underwent a wonderful transformation. The operation wounds healed kindly, and he was discharged well thirteen days after the ligations were performed. At first the power of adducting the thumb was lost, but this was subsequently regained to nearly its normal degree.



Hemorrhage from the palm is always alarming and dangerous especially from punctured wounds, and is often difficult to arrest. This is due to the free anastomosis of the vessels forming the palmar arches, to the large number of branches found in the palm, and to the number and importance of the tendons and synovial sheaths in this region. If we recall the anatomy of the palmar arches, we find the superficial arch is formed almost entirely by the main trunk of the ulnar, but sometimes the superficialis volæ branch of the radial is larger than usual and anastomoses with the ulnar, thus completing the arch. This arch is then generally incomplete, stopping at the thenar swelling. It lies quite superficially upon the annular ligament and flexor tendons, being only covered by the skin, palmar fascia and palmaris brevis muscle, hence not only is it much more liable to injury than the deep arch, but it is also much more accessible to operative or other remedial agencies.

The deep palmar arch is the continuation of the radial, but is completed by a communicating branch from the ulnar. This arch is situated deeply in the palm lying upon the interosseous muscles, with the flexor tendons and sheaths external to it. The radial artery, which is situated anteriorly at the wrist, soon passes behind the tendons of the extensors, ossis metacarp. poll., etc., to the interspace between the first and second metacarpal bones, giving off the dorsalis pollicis and dorsalis indicis vessels, then passing between the heads of the abductor indicis muscle it enters the palm and gives off the large princeps pollicis and radialis indicis arteries and the metacarpal branches.

Hemorrhage from the superficial arch is generally easily controlled, either by tying the cut ends of the arch in the wound or by the application of a graduated compress, and it is rarely necessary to ligate either of

the main arteries in continuity for the arrest of hemorrhage from this arch.

Hemorrhage from the deep palmar arch or any of its large branches is a much more serious accident than that from the superficial arch, on account of the difficulty of finding the injured vessels, as well as from the danger of lighting up a tenosynovitis with probably impairment of the function of the hand. When the wound is large it is desirable to ligate the vessels in situ, applying a ligature to each end of the cut arch, but when this is not the case it is better not to open the palm farther. Mr. Bryant says it is not justifiable to cut into the palm and hunt for the bleeding vessels. When the vessels cannot be secured in situ the wound should be filled with a graduated compress, and firm compression made, the fingers flexed upon a ball of wood, etc. Flexion at the elbow may also be tried, as it is well known that forced flexion at the elbow and supination of the forearm is capable of arresting the circulation in the forearm. When compression is made by means of a graduated compress and flexion, the dressing should not be removed for five or six days. When direct compression fails acupressure may be tried at the wrist. Whilst acupressure needles might be easily and safely used to compress the radial artery, which is not only more superficial than the ulnar, but at the lower portion of the arm, is not accompanied by the nerve, I do not think the ulnar artery could be advantageously or safely compressed by this means, for it lies beneath the deep fascia and is placed between, and on a posterior plane to, the tendons of flex. carpi ulnaris and flex. sublim. digit., and is, moreover, accompanied by the large and important ulnar nerve, which is in close proximity to the vessels on their inner side, and it is scarcely possible to pass a needle beneath the ulnar artery without including the nerve.

In view of these anatomical facts I do not advocate this method of controlling the vessel. All other methods having failed, which in fact is rarely the case, ligation of the main vessels is undertaken as a last resort, and at once an interesting and important question is raised as to the most advantageous point for ligation to be performed.

Mr. Bryant advises the deligation of the brachial artery for hemorrhage from the palm, and I have no doubt it would usually be entirely successful, but I cannot see the advisability of ligating a large artery at a distance from the injury. There are moreover a few objections which I think are of sufficient force to condemn the high operation. As is well known the brachial artery is perhaps more often abnormal than any other vessel of the body. In a varying proportion of cases, probably averaging one in eight or ten, the bifurcation occurs at a higher point than usual, and this may occur at any point from just above the elbow, up to the clavicle, and in this case there would be a possibility of ligating only one vessel, without controlling the bleeding, or if the anomaly was detected it would be necessary to ligate both trunks and thereby add an additional element of danger to the operation. In other cases probably once in twenty subjects there are anomalous vessels called *vasa aberrantia* which connect the main trunks of the brachial and radial, generally, though sometimes the brachial and ulnar, and if a ligature was placed upon the brachial below one of these anomalous vessels, the circulation would be almost immediately diverted by this means, and the hemorrhage would soon begin again. For these reasons I am led to give preference to the ligation of the radial and ulnar at the wrist. These vessels are rarely abnormal at this point, though the radial is sometimes deficient or absent, in which case the

anterior interosseous leaves the pronator quadratus and gaining the usual situation of the radial takes its place in the formation of the deep arch.

In a few cases the anterior interosseous communicates with the arch, and might interfere with the success of the operation, but this is rare and not at all to be compared in frequency to the variations of the brachial. The radial artery is found near the outer edge of the tendon of the flex. carpi radialis, covered only by the skin and two layers of fasciæ; it is accompanied by two veins, from which the vessel may be separated, but no harm will be done if the veins are included in the ligature. The radial nerve lies near the artery in the upper two-thirds of its course, but at the lower and middle third it passes behind the tendon of the supinator longus to reach the back of the hand; hence at the wrist there is no danger of injuring this nerve. The ulnar artery at the wrist is placed between the flex. carpi ulnaris and innermost tendon of flex. sublim. digit. Covered by skin and two fasciæ, it is placed deeper than the radial, and is accompanied by its *venæ comites* and has the ulnar nerve on its inner side; care must be taken to avoid injuring this nerve.

The tendons are the best guides for finding these arteries, but there are certain fixed guides, which it is well to remember. The radial artery in its whole course is found in a line drawn from the middle of the elbow to the ulnar side of the styloid process of the radius. And it may be ligated at any point desired, but it is preferable to ligate near the wrist. The ulnar pursues a curved course and is placed so deeply in its upper half that it is not proper to ligate it in that portion, unless there is an open wound. At the lower third of its course the artery can be found in a line drawn from the inner condyle of the humerus to the radial border of the pisiform bone, and a ligature



can be easily and successfully applied in this location.

#### SUMMARY.

1. Hemorrhage from the palm should be treated by ligating or twisting the bleeding vessels in situ, when this can be done without undue disturbance of the tendons and other tissues.

2. This being impossible, compression should be applied in the wound by means of a graduated compress or conical cork, flexion and pronation of the arm being also employed, or the hand may be bound tightly over a ball of wood or cord.

3. Acupressure may be used to the radial artery, but it is not safe to compress the ulnar in this way as the nerve is in close proximity on its inner side.

4. Other measures failing, ligation of the main vessels should be performed.

5. Owing to the frequent anomalies of the brachial artery, it is better to ligate the radial and ulnar immediately above the wrist, then to tie the brachial itself.

6. The hand should be wrapped in cotton wool fixed upon a splint and placed in a sling.

#### BIOGRAPHICAL SKETCHES OF MARYLAND PHYSICIANS.

BY EUGENE F. CORDELL, M. D.,

Librarian Medical and Chirurgical Faculty of  
Maryland, Professor Materia Medica and  
Therapeutics, Woman's Medical College of Baltimore, etc.

#### I.

##### UPTON SCOTT.

Dr. Upton Scott was born in the year 1722 at Temple Patrick, near Belfast, in the county of Antrim, Ireland. He is reported to have received his early education at the University of Dublin. His medical studies were pursued under the celebrated Dr. William Cullen, then of

Glasgow but afterwards of Edinburgh, and a letter from the latter dated 1773 is extant showing that the friendship which began between teacher and pupil continued for many years afterwards. In 1753 he graduated at the University of Glasgow, and immediately obtaining a commission in the British army, served under General Wolfe in Scotland. When Col. Horatio Sharpe, also of the British army, and the last but one of the Colonial Governors of Maryland, was about coming to America, he selected young Scott to accompany him as his physician. The latter accordingly resigned his commission and sailed for America with the Governor in July 1753. On his departure from the mother country he received as a token of remembrance from General Wolfe, a splendid pair of pistols, which are still in the possession of his descendants. Being a protégé of the Governor, he soon acquired in his new home a fine practice and so extensive a reputation that he was often called to see patients in consultation at a distance from the seat of government at Annapolis. He also received from the Governor the appointment of Sheriff of Anne Arundel county, at that time regarded as a very high office. He married Elizabeth Ross, an heiress with a large landed estate in what was then Frederick county, Maryland, and enjoyed a large and lucrative practice until the breaking out of the Revolutionary War. Being unable conscientiously to join the side of the patriots in their struggle for independence, and finding his position here uncomfortable, he returned to Ireland where he remained until the close of hostilities. He did not resume the practice of his profession upon his return to Annapolis, and the remainder of his long life seems to have been spent in the enjoyment of that leisure and repose, and in dispensing that bounteous hospitality which his ample means permitted

and his tastes craved. He took great pleasure in the cultivation of flowers and the green-house and beautiful garden attached to the mansion, which he erected in 1760 received a large share of his attention. His integrity of character and his virtues drew around him many warm friends and secured for him the respect and confidence of the entire community. On the organization of the Medical and Chirurgical Faculty in June, 1799, his prominence induced his colleagues to elect him as their first president, a position which he held until the second biennial meeting in 1801, when he declined re-election and was succeeded by Dr. Philip Thomas. His death occurred in Annapolis, Feb. 23<sup>d</sup>, 1814, at the great age of 92. A portrait of him, as also his diploma, and most of his library, is in the possession of Dr. Clotworthy Birnie, of Taneytown, Carroll county, Md.\*

#### GEORGE BROWN.

Dr. George Brown was born in Ireland in 1755 and obtained his medical degree at the University of Edinburgh 1779.† He came to America in 1783 and settled in Baltimore. It happened that at that time a severe epidemic was raging in the town, a circumstance which favored no little his successful entrée into practice. He soon acquired a high social and professional rank, and in almost every enterprise, medical, literary or educational, started during his lifetime in Baltimore, he was a prominent actor. He took part in the formation of the first medical society organized in Baltimore, 1788, was also a member of that of the subsequent year, and in the medical school projected in 1790 he was assigned the Chair of

Theory and Practice of Medicine. Prof. Davidge credited him with having been one of the first (about 1790) to employ mercury in acute inflammation, especially pneumonia. The importance attached to the supposed virtues of this agent and the influence which its discovery exerted upon subsequent therapeutics are scarcely appreciable at this time when the method has fallen into almost entire and doubtless well-deserved desuetude. In 1795 Dr. Brown aided in the founding of the Library Company of Baltimore, the first public circulating library of the town. He took a prominent part in the establishment of the Baltimore College in 1804. He was one of the charter faculty of the "College of Medicine of Maryland," instituted by Act of Legislature Dec. 18th, 1807, being assigned to the Chair of Practice of Medicine as on the former occasion. At the meeting held for the organization of the Faculty, however, for reasons which do not appear, he resigned the position, and Dr. Nathaniel Potter was elected as his successor. It is probable that the only motive for his connection with the school was to aid its establishment. Whether it were his modesty or his want of ambition, he seems at any rate to have had no aspirations for public honors or distinctions. That his severance of connection with the new college did not proceed from any unkind feelings towards its Faculty appears from his holding the position of President of its Board of Regents from 1807 to 1812. His active and useful life terminated August 27th, 1822, at the age of 67. "His grave will be passed by many a poor man with a benediction on his memory," was his simple but graphic eulogy.

#### JOHN SHAW.

Dr. John Shaw was born in Annapolis, Md., May 4th, 1778. He entered St. John's College upon its establishment in 1789, receiving the

\*The materials for the sketch of Dr. Scott were chiefly obtained from his grandson, Dr. N. B. Scott, of Hagerstown, who obtained them from the late Dr. John Ridout, of Annapolis.

†The subject of his thesis was "De Cortice Peruviano."



degree of Bachelor of Arts in October, 1796, upon which occasion he delivered a Latin salutatory. He was a precocious student and showed a strong taste for the languages and poetry. Francis Scott Key, the author of the Star Spangled Banner, was the intimate friend and companion of his earlier years. At the age of 17 he wrote a spirited poem in the style of the *Marseillaise*, entitled the "Voice of Freedom." After graduating at St. John's, he began the study of medicine under Dr. Shaaff, of Annapolis (a graduate of Edinburgh University). In the autumn of 1798 he went to Philadelphia to attend the medical lectures of the University of Pennsylvania, but about the end of December, having obtained an appointment as surgeon on board the fleet destined for Algiers, he abandoned his studies and sailed for that port. His letters describing what he saw upon the northern coast of Africa are charmingly written and show a cultivated literary taste and habits of close observation. He learned to converse in Arabic and became the physician of the Bey of Tunis and also Secretary of Legation and Chargé d'Affairs *ad interim*. He returned home in the spring of 1800 and remained until July, 1801, when he embarked for Edinburgh with a view to continuing his medical studies there. Early in 1803 before he had obtained his degree he was again seduced away from student life by an offer of the Duke of Selkirk, who had recently founded a colony in Canada. He sailed for this country and remained in the Duke's service until early in 1805, when he again returned to his native place and commenced practice there in partnership with his old preceptor. In February, 1807, he married and moved to Baltimore, where he became associated with Drs. Davidge and Cocke in the establishment of the College of Medicine of

Maryland, in which he held the Chair of Chemistry.

An amusing story is told in connection with the passage of the "medical college bill," which was drawn up by Shaw. He had very properly omitted the title of M. D. after the names of those members of the proposed Faculty (himself among the number), who had not received this degree. While the clerk of the Assembly was reading the bill to the members, one of the delegates happened to recognize the name of a friend among those of the physicians mentioned, whereupon he interrupted the reading with the observation that "he did not know why Dr. — should not as well be an M. D. as Dr. — and Dr. —, and he therefore proposed that these letters should be inserted after his name." No one had any reason to urge why it should not be done, and (as the relator facetiously remarks) "all the licentiates in the bill thus became *Doctors of Medicina* by Act of Assembly." In the beginning of 1808 Dr. Shaw caught cold in consequence of being engaged all night in making some experiments in which it was necessary to immerse his arms frequently in cold water. Pulmonary trouble appeared under which he suffered during the ensuing spring and summer. In the autumn his rapidly failing health led him to try the virtue of a change of climate and he embarked for Charleston, there re-embarking for the Bahamas but died on the way thither, at sea, on the 10th of January, 1809, æt. 30. He left behind him a manuscript of his travels in Africa and a number of the poems which he had written and published in the newspapers at various times. The latter were collected and issued in a volume in 1810, and it is from a memoir prefixed to this volume that most of these details were obtained. His poems are mostly short and chiefly of

a sentimental vein; many are sweet and graceful. They show the possession of poetic talent which if more assiduously and exclusively cultivated, might have produced great results. One of his poems (quoted in "Griswold's Poets and Poetry of America," Phila., 1842) commences thus:

"Who has robbed the ocean cave,  
To tinge thy lips with coral hue?  
Who from India's distant wave,  
For thee those pearly treasures drew?  
Who from yonder orient sky,  
Stole the morning of thine eye?"

Dr. Potter pays him a high compliment for his zeal in the pursuit of science and for the results which he achieved with very inadequate resources.\*

JAMES COCKE.

Dr. James Cocke was a native of lower Virginia. His family was one of the most wealthy and distinguished in that State. The exact date of his birth is unknown, but was probably between the years 1780 and 1785. He attended medical lectures at the University of Pennsylvania and received his degree from that institution in the spring of 1804, the title of his thesis being "An Attempt to Ascertain the Cause of the Extensive Inflammation which Attacks Wounded Cavities and Their Contents."

Upon graduating he immediately went abroad and spent some time at Guy's Hospital, London, as the pupil of Sir Astley Cooper, the greatest surgeon of his day. About the beginning of 1805 he returned to America and settled in Baltimore. He had not been here long when he performed a surgical feat which gave him great élat; this was the reduction of a dislocated shoulder of four months' standing, the longest duration, it is said for successful issue, on record at that date. Early in 1807 he became associated in practice with Dr. John

B. Davidge, a relationship which continued harmoniously until his death. The founding of the College of Medicine of Maryland (afterwards the University of Maryland) was due in very great measure to his intelligence, zeal and business capacity. His colleagues gave him the credit of devising the ways and means for carrying on the work of the institution and for erecting in 1813 the stately and massive structure modeled after the Pantheon at Rome, which still serves, after the lapse of more than three-quarters of a century, for the work of the University, and gives promise of a durability that shall rival that of its great prototype. Dr. Cocke held the Chair of Anatomy in the college for five years and had just seen his efforts crowned with success when he was attacked with fever of which he died on the 25th of October, 1813, at the very hour\* at which he was to have delivered the opening lecture in the new building.

In the printed thesis of one of the graduates† of the University, of the year 1815, I find the following dedication:

MEMORIE JACOBI COCKE, M. D.

Prioris Artis Incidendi Academiæ Regionis Mariæ Professoris, Immorandum est; qui aspectu ingenuo, pectore animoso, indole apprime benigna; suaviloquentia, vel comitate sermonis valde jucunda, dulcedine morum inimitabili, atque judicio felicissimo quod insigni in rebus medicis sagacitate peritiaeque maxime claruit, ingenioque fe aci, faceto, versatile, in quo fuit nemine, ac industria, doctrina, et scientia, haud multis secundus, exemplar virtutis raræ splendens emicuit. At desiste misericors! Estne dicendum, quod hujus seculi vernans spes, intempestive flatu febris æstuante fuit ustus? Imo Pare aeenique! Defloruit,

\*"Some Account of the Origin and Present Condition of the Univ. of Md., Balto., 1838."

\* Potter, *Op. Cit.*

† E. M. Worrell of Balto.



et 25th Octobris, A. D., 1813, ex horto vitæ  
 algida manu lethi horricifici  
 extirpatus fuit.  
 Et funebris cupressus, in ejus loco, pandit  
 suos ramos lugubres atque umbrosos,  
 sub quibus  
 roscida rosa pura, frigida, pallida,  
 quasi Desperanti consita,  
 circumfundit ejus nitorem solitarium.  
 Animam, uxore filium enixura deplorante,  
 efflavit;  
 et in agro Cantiae (anglice Kent) Mariæ regionis  
 ad orientum spectante sepultus est.  
 Bonis et dignis mors ejus  
 "Qui primus virtus is honos est"  
 semper deploranda; et  
 lachrymæ Scientiæ oculos præ-  
 stringent,  
 "In freta dum fluvii current, dum montibus  
 umbræ  
 Lustrabunt convexa, polus dum sidera  
 pascet."\*

\*The original is given without alteration; the errors, which will be observed, were doubtless typographical.

### TRANSLATION.

#### A BRIEF ACCOUNT OF THREE HUNDRED OVARIOTOMIES.

BY KARL SCHROEDER, BERLIN.

(From *Berliner Klinische Wochenschrift*, April 17th, 1882).

TRANSLATED BY DR. E. M. SCHÆFFER,  
 OF BALTIMORE.

During the six nearly completed years which I have spent in Berlin, I have performed 300 ovariectomies. This stately number might well prove an incentive for me to communicate some of the experience thus gained and which may be of value to younger operators.

First of all, I will briefly give my results. In the first hundred I had seventeen deaths, in the second hundred eighteen, and in the third hundred (if I leave out of account a case of myxoma of the left ovary and peritoneum, in which death ensued after a successfully endured operation, from failure of the vital forces in consequence of progressive new-formation of peritoneum) seven deaths. This seven per cent., which already of itself exhibits a very fair proportion, appears in a still more favorable light, when we consider the causes of death, since only the lesser half died from the ovariectomy as such. For exam-

ple, one died, simultaneously with the stopping of blood supply, through numerous ligatures, to several uterine myomata, which could not be removed, with symptoms of septic peritonitis. In this case. I consider the ligatures around parts of the myomata to be the real dangerous feature. Two of those operated upon died quite suddenly on the eighth and fourteenth days respectively, the autopsy not revealing any other cause of death whatever than a brown atrophy of the heart's muscular tissue. Likewise of the second hundred one case sank on the eighth day. In these three cases the course after the operation was a thoroughly satisfactory one. I was dealing with patients somewhat feeble and of advanced age, in whom, suddenly—twice on sitting up in bed, the third time, however, during quiet decubitus—death ensued without any premonition, so that after having immediately before conversed cheerfully, they were found dead in their beds. The autopsies showed no other cause of death than a very considerable accumulation of brown granules in the heart muscles.\*

Another patient, in whom the irremovable part of the cyst had been sewed up, succumbed in the sixth week of her confinement.

The three remaining cases died with symptoms of septic peritonitis. With all three the operation was especially complicated; one showed, already at the time of operation, extensive general peritonitis with widely diffused coagula of fibrin which, among other parts, covered the entire under surface of the liver. In the second, the tumor was free only at the site of the abdominal incision, the

\* That sudden death from ovariectomy can, occasionally, occur quite independently of the operation, is explicable when it is remembered that we so often have to do with women very much broken down and enfeebled. Indeed, I can show this directly; since during the period in which I have done the 300 ovariectomies I have lost three patients with ovarian tumors, whilst in preparation for the operation. These had come in for operation and were to have been operated upon, but died previously in quite a sudden manner: one from embolism of pulmonary artery, one very much reduced from fatty heart, and the third, if my memory does not deceive me, (the record of autopsy was lost) of brown atrophy of the heart. I have, then, lost one percent. of all tumors before operation.

omentum was widely adherent above and somewhat behind, so that after vain attempts to tie the larger vessels, it had to be torn away; and the tumor was, everywhere else, so firmly adherent that only with great difficulty could it be torn loose from the organs of the pelvis. In the third case both ovaries had to be removed and on the left side the dilated tube and lower part of the ovary were wholly adherent so deep in the pelvis that here a small part could not be removed, and the hæmorrhage was only checked with great effort by applying ligatures deep in the bottom of the pelvis.

Of the last 100 patients, then no single one died, in whom the operation was simple, or but slightly complicated; three succumbed to the operation itself, in each one of very great difficulty, and four to its consequences. As it is, taken all in all, seven per cent. is a mortality which can be placed parallel to the best results hitherto attained.

Of the second hundred (the first hundred has already been reported upon) five died with peritonitic or septic symptoms, seven during an otherwise favorable progress succumbed partly, though late, to general failure of strength, two died of shock; i. e., they never recovered from the operation, one of parotitis, one of brown atrophy of the heart, and two of hæmorrhage. In one of these there was bleeding from the peritoneum of the vesico-uterine excavation softened by inflammation, where no adhesion had been separated; in another case the spermatic artery in the pedicle slipped out of the ligature; at first formed a thrombus in the broad ligament, and when this was broken led to fatal intra-peritoneal hæmorrhage. Since this time I ligature the spermatic artery separately.

My operative procedure in ovariectomy has, of late, as regards ordinary cases, not materially changed. I proceed as simply as possible, and operate with the least possible assistance; apart from myself the materials needed at the operation, also instruments sponges and the like, are handled only by the nurse and one assistant. I make the incision quickly through the abdominal walls, and after I have, as far as necessary, stopped the bleeding, cut through the peritoneum

freely upon the tumor, or between two forceps. After separating adhesions as far as I can, I cut into the tumor with my knife and draw it forth, as it empties itself, from the abdominal wound. With a simple pedicle I next ligature the spermatic vessels separately and tie the pedicle, then, in several parts with carbolized silk. If the pedicle is very broad I leave those portions which, held against the light, are perfectly transparent, in which, also, no blood-vessels run, entirely outside the ligatures, thus avoiding an otherwise inevitable laceration. After the tumor is cut away the cavity of the belly is cleaned and the abdominal wound united by deep sutures. Upon the wound is placed a piece of protective silk, and over that an eight-fold layer of gauze, enclosing a water proof material; the dressing is fastened by several strips of adhesive plaster. In simple cases the whole affair lasts scarcely more than a quarter of an hour. The progress of patients is without reaction; they do not suffer, except from tormenting thirst in the first few days, at all. The sutures are removed on the tenth to eleventh day, the wound heals by first intention, and in the course of three weeks patients are discharged.

I still always use the spray in laparotomies, and do not regard it as superfluous. The peritoneum is the most sensitive reagent to infectious matter, and even if the spray is unnecessary in other surgical operations as, for example, in opening a joint, where, before applying the dressing, we can cleanse the entire cavity with a five per cent. solution of carbolic acid, still the conditions are quite different in opening the abdomen, which, in spite of all modern suggestions, cannot, with certainty, again entirely be freed from infecting substances, which have gained admission.

Even when the operation, in single cases, is a typical and easy one, in my opinion, it is not desirable that it should become the general property of operating surgeons; but I believe that it is more to the interest of sufferers from ovarian tumors that the operation should remain in the hands of specialists, who frequently perform it.

First of all, the diagnosis in many



cases is very difficult, especially if, by diagnosis, is understood not merely the correct interpretation of the tumor, but also the most thorough recognition of the operative difficulties, which it will occasion. Then the difficulties of operation may be extraordinarily great, so that a very large experience and no mean operative skill, are required in order to overcome them. Most difficult of all is it to decide what operations can be undertaken with a prospect of success. In accord with my present experience. I hold that *nearly every ovarian tumor admits of operation*. I, myself, have recently twice (see below) removed tumors by laparotomy, which some years previously, after opening the abdomen, I had considered unfit for operation. In the first case, in the year 1876, I stitched the subserous-inserted, lower part of a tumor (under the impression that it was not removable) to the abdominal wound, and, in 1881, I successfully removed the further-enlarged tumor in its entirety; in another ovariectomy, performed in June, 1878, I abandoned a tumor totally adherent on the right side, to the gut, and, two years later, I extirpated the whole mass because of continued growth, by a new laparotomy. Recovery ensued without any interruption.

So with increasing experience one's views change as regards what is capable of operation, and this is brought about, principally, by one's gradually learning to surmount operative difficulties. These two points, the forecast of operative difficulties from the examination made as well as the operative procedure in exceptionally difficult cases are so important that I would like to add some further remarks growing out of my own experience.

I operate on no ovarian tumor which I have not previously examined under chloroform; since only during narcosis can the operative difficulties of an individual case be seen with the utmost attainable clearness. If, in accordance with the excellent advice given by Hegar, one draws down the uterus with the *Muzeux* forceps, one can usually make out, by touch, quite exactly the union of the uterus with the tumor, and, also, the relations of the pedicle. If the

ovary is felt separately on the side from which the tumor arises, we have, then, to deal with a cyst of the broad ligament; I have myself, however, twice erred in accepting this. In both these cases the healthy part of the ovary was so completely separated from the tumor that the latter felt like the whole normal ovary. In another case I knew not how to explain a tumor as large as a child's head, quite freely movable, with very narrow pedicle, since the normal ovary was plainly to be felt, altogether separated from it, and cysts of the broad ligament, moreover, do not become so free. At the operation it was shown that we had to do with a cyst with narrow pedicle arising from the region of the ostium internum (Morgagni's end-hydatid was found near by).

The very frequent and, as regards the chances of the operation, important torsion of the pedicle can only exceptionally be diagnosticated directly from feeling the twisted pedicle. If, however, attacks of peritonitis have preceded leading to extensive growth, it is very probable that the inflammatory action in the tumor was conditioned by the torsion of the pedicle.

Morbid growths in the pelvis are, as a rule, easily diagnosticated, those involving the organs of the abdomen with difficulty. Friction sounds always argue against growths in the locality where they are heard; indeed, they do not once suggest growths in the act of forming since they occur on perfectly smooth surfaces.

The most exact determination possible of the difficulties which will be present at the operation, I do not, therefore, consider as so important in order to reject cases of special difficulty; but, because one will only unless the tumor cause considerable annoyance or danger, determine on operation when the same is, presumably, a simple one. In these cases I consider the existence of an ovarian tumor in itself, without its causing any annoyance whatever, to be a sufficient indication for the performance of the operation, since in these cases the prognosis is a nearly certain one, and the disease sooner or later brings on the necessity of an operation

which, then, perhaps, must be conducted under really difficult and dangerous circumstances.

But if, at the examination, very significant difficulties for the operation offer I advise only then to undertake the same when special indications necessitate it. In every case we should decline the operation, omitting from consideration certain patients suffering, perchance, from far-advanced tuberculosis, Bright's kidney or the like, only when we are positively convinced, by the examination, that the tumor is malignant, and that carcinomatous degeneration has encroached upon the peritoneum to such an extent that all the morbid growth can no longer be removed. Other contraindications I do not recognize. Age cannot count as such; among my subjects are to be found a child of 13 years and a cheerful gray-haired old lady who left the institution the day before her 80th birthday with vigorous step.

Subserous situation of a tumor, torsion of the pedicle with vigorous growth of the entire surface, general peritonitis after rupture of large cysts, malignancy of the tumor, so long as the same is restricted to the tumor, can render the operation difficult under some circumstances, to a very great degree, but cannot render its accomplishment impossible.

Subserous site of ovarian cystic tumors always counted as one of the greatest has difficulties in effecting an ovariectomy. I, myself, have proposed, in the Society of Naturalists of Munich, to remove these tumors, as far as possible, and to stitch to the abdominal wound the part remaining attached to the pelvic connective tissue, but must now admit that Olshausen's fear, then expressed, that the cystic tumors would recur from the part left behind, was very well justified. I do not, therefore, any longer pursue this treatment, and for the last time sewed up the remains of the cyst on July 8th, 1880, in a case where I could not succeed by enucleation; the party operated upon succumbed after five weeks. In all other cases enucleation has succeeded with me, and indeed even in cases which offered the extremest difficulties. Cysts of the

left side, with a subserous site, pass into the mesentery of the sigmoid flexure, so that the colon lies flat upon them; those on the right side advance beneath the cæcum, so that the latter lies closely to the outer side of them, and the vermiform appendix rests upon them. If one divides, with a long cut, the peritoneum over the tumor, the latter will often allow of enucleation from the pelvic connective tissue with surprising ease; in many cases, though, to be sure the difficulty is great. Relying upon this procedure I once, in the case of a patient with whom I had sewed in the remains of a cyst with subserous insertion, on the 30th of July, 1876, because it appeared to me to be beyond operation (see Veit, *Berl. Klin. Woch.*, 1876, No. 50, III), on the 30th of Oct., 1882, performed once more the operation on account of recurrence, and removed the whole tumor, with happy result.

This operation promised unwonted difficulties, for the growths, which I had five and a half years previously found, after opening the abdominal cavity, had not merely remained the same, but for weeks there had been a drainage tube extending from the bottom of the cysts to the posterior cul-de-sac of the vagina, and the broad cicatrix in the abdominal walls, arose from the excessively scarred tumor itself. At the operation I made the incision in the neighborhood of the navel so that I entered the abdominal cavity at the upper extremity of the tumor; then was the peritoneum covering the tumor divided here by a long cut, and now the tumor slowly enucleated behind and in the pelvis. This offered especial difficulties in the bottom of the pelvis where the drainage tube had earlier been. Here the tumor could only, with great force, be slowly torn away. From the border of the uterus it was somewhat more easily detached; with the abdominal scar, however, it was indissolubly united so that a piece of the anterior abdominal wall, to a breadth of about six ctm. had to be cut out with it. After the tumor was thus removed, there was presented a colossal wound cavity, covered with shreds of tissue and blood. My method, then, was first of all to sew the left



uterine border fast with a peritoneal flap and thus quiet the hæmorrhage; then I placed a drainage tube from the wound-cavity through to the vagina and now sewed in place a sort of diaphragm out of the rich supply of peritoneal flaps, at hand, which divided the abdominal cavity from the great wound-cavity in the pelvic connective tissue.

Convalescence was disturbed by some discharge of matter through the abdominal wound, but otherwise progressed favorably.

(To be Continued).

### EDITORIAL.

OUR LIBRARY.—It is surprising and inexplicable that so little enthusiasm and interest should be manifested in the growth and increase of our medical library. Some seem to ignore it completely, others to expect that it will develop by some sort of inherent and unaided power of expansion, whilst a few—very few—realize the necessity of putting their hands into their pockets and giving it substantial help. Nothing is more evident than that unendowed libraries must depend to a very great extent upon the liberality of those in whose interests they are instituted. This applies with double force to medical libraries because of the expensive character of the books and the necessarily small number of those who subscribe towards their support. A fortuitous chain of circumstances has given us, at little cost, a collection of current journals that has few superiors on this continent. With this department,—doubtless the most important one—so bounteously supplied, we may turn our attention in other directions in which our needs are more conspicuous. The question of an endowment is one which we must ever keep in mind and press upon those whose circumstances, both pecuniary and domestic, warrant bequests of a public nature; but at present we are solicitous mainly in regard to the supply of new books. There was a time about 1835-40, when our library was well equipped in this respect and was regarded as one of the most modern and

complete, if not largest, collections to be found in America. But that steady perseverance in well-doing which is so essential in works of this nature failed us and we now find ourselves scarcely more advanced in growth and importance than many collections of recent origin.

It is true, we believe, that with one or two exceptions, the medical libraries of this country do not undertake to purchase new books out of their regular revenues but depend solely upon individual liberality to supply them. Our resources, which at best furnish but a paltry sum for carrying on our work, will leave us a very small surplus—if indeed any—for new books. This fact has been appreciated by some liberally disposed members of the profession, encouraged by whom our librarian has been induced (with the approbation of the Chairman of the Library Committee) to open a voluntary subscription list for the current year, the proceeds of which will be devoted, unless otherwise desired, exclusively to the purchase of *new books*. The following contributions to this fund have been received: Dr. Dausch, \$25; Dr. Donaldson, \$10; Drs. Rennolds and the writer, each \$5. A list has also been opened of those who will contribute one (or more) new volumes during the year. Names are requested for each of these lists and will be acknowledged from time to time in this journal.

A word or two in regard to the non-medical libraries, by whom some have seemed to think, our wants would be supplied. The authorities of the Peabody, we learn, have declined to devote any portion of their income to the purchase of medical works (except those on biology and like subjects of general nature), and even if they consented, their library, being only for reference, would almost exclude the profession from their use. A more favorable response has been received from Mr. Enoch Pratt, who promises that his free circulating library shall be well supplied with medical works. But Mr. Pratt cannot offer an extensive collection of journals, and we are convinced that no library will meet our wants that is not for our exclusive benefit and under our exclusive control. Space

does not permit us to elaborate our ideas upon this subject, but we would point to the instance of Boston where there were some half-dozen or more collections (some of over 10,000 volumes) accessible to physicians, and yet the profession found it necessary some years ago to institute a library under its own control, whose unprecedented growth and prosperity show that the founders were not mistaken in their conception of what was needful. A first-class library of our own, founded and maintained with our own means, will give us a feeling of independence; it will be a rallying point; it will augment our *esprit de corps*—indeed it requires no great effort of the imagination to conceive manifold blessings which it will confer upon us both individually and collectively.

**AMERICAN MEDICAL COLLEGE ASSOCIATION.**—The collapse of this body was foreshadowed in the adoption of a resolution at the sixth annual meeting held in Cincinnati, May 16th, 1882, that "two sessions of five months shall be regarded as equivalent to three courses, and colleges adopting this curriculum shall be admitted to membership in this association." Verily this is a new revelation in mathematics, and it might be well for our learned Professor Sylvester to look into the process by which these gentlemen have succeeded in making one and one equal three. That the leaders of the movement meant well we entertain no doubt, but they have shown a sad lack of discretion and overweening confidence in the power and influence of their organization, and we fail to see any grounds for the visions of the President and Secretary of a "more hopeful future," or of an early return to the three-year course. It is questionable in our mind whether any good to the cause of higher medical education can accrue from such a source. We are more and more convinced of the correctness of the opinion expressed by us a year ago that the true solution of this question is to be found in the *endowment* of the schools, in independence of the favor of those who receive instruction from them. The sooner we realize this fact the better for our standing as a profession. Move-

ments in several quarters show that the views we have expressed have begun to be appreciated and that the question of endowment is regarded by the leading schools as one of vital importance.

**REGISTRATION OF BIRTHS.**—Recently attention was called in one of the societies to the discrepancy between the number of deaths and births, as reported by the city Health Department for the preceding week, the former nearly doubling the latter, and indicating, if true, a rapid depopulation of the city. The remark elicited a surprising ignorance in regard to the law relating to the registration of births. The figures representing deaths are doubtless correct since no one can be buried without a certificate from the attendant, which certificate has to be deposited in the Health Office by the undertaker. But in case of births the same compulsion does not exist, the reports are made monthly and one is apt to forget it. The ordinance requires every one practising midwifery in Baltimore to enter on a blank schedule furnished by the Commissioner of Health the name of each child, its sex, color, name and occupation of parents, day and date of birth, and to deliver the same, duly signed, to the Board of Health between the 1st and 3rd of each month; failure to comply with this subjecting to a fine of \$10 for each offense.

The importance, in connection with vital statistics, of having such reports full and complete, together with a desire to save our colleagues from incurring the penalty of neglect to report, has induced us to call attention to it. Why does not the Board of Health see to the enforcement of the law?

**SMALL-POX AT THE QUARANTINE HOSPITAL.**—Dr. James McHenry Howard, Quarantine Physician of Baltimore, sends us some interesting statistics of the cases of this disease that have been sent to the hospital for treatment during the prevalence of the disease up to the 19th of June. Two hundred and eleven cases had been admitted altogether, 105 of which had been vaccinated, and 105 had not. The number of deaths was 53, of whom 42 had never been vaccinated;



of the remaining 11, but 2 had good scars (1 each); the other 9 claimed to have been vaccinated in childhood, but their color and the indistinctness of the supposed scars excited some doubt upon the subject. Only 1 of the 211 presented more than one good scar. This was a man with varioloid, who had four good scars on his arm; inquiry revealed, however, the fact that all were made at the same time.

## REVIEWS, BOOKS & PAMPHLETS.

*The Experimental Method in Medical Science.* Second Course of the Cartwright Lectures of the Alumni Association, College of Physicians and Surgeons, New York, delivered Jan. 24, Jan. 31, and Feb. 7, 1882. By JOHN C. DALTON, M. D. G. P. Putnam's Sons. New York: 1882. 8vo. Pp. 108. Price \$1 25.

These lectures consist of a series of historical sketches intended to illustrate the manner in which certain parts of our scientific knowledge have been attained. The greater part of our knowledge, says the author, is a legacy from the past, the study of which teaches us what methods of investigation have been found most worthy of confidence, what have proven barren of results. The first lecture traces the physiological use of electricity, which was inaugurated by Galvani in 1789 on the nerves and muscles of the decapitated frog, and continued by Volta, Sir Charles Bell, Magendie, Johann Müller, Marshall Hall, Claude Bernard, Brown-Sequard, Helmholtz, Fritsch, Hitzig and others. The second lecture relates to Buffon's Theory of Organic Molecules and Bonnet's Theory of Inclusion of Germs, two phases of physiological doctrine which flourished in the world of science in the eighteenth century. The third lecture relates to nervous degenerations and Sir Charles Bell's theory of

the nervous system. These lectures are written in the author's well-known attractive style, and display extensive research into the literature of the subjects treated. They will be read with interest, pleasure and profit.

*Manual of Diseases of the Skin.* With an Analysis of 8,000 Consecutive Cases and a Formulary. By L. DUNCAN BULKLEY, A. M., M. D. G. P. Putnam's Sons. New York: 1882. 8vo. Pp. 312.

An excellent introduction to the study of dermatology, clear, simple, readable and attractive, giving in perspicuous language and good-sized type the salient points of a subject which is generally looked upon as full of difficulty and obscurity. For those about commencing the study of skin diseases—and how few even of practising physicians have ever commenced it systematically—we could conceive of no elementary work better calculated to render the theme agreeable, and to lighten its inherent difficulties, than this.

*The Vest Pocket Anatomist* (founded upon "Gray"). By C. HENRI LEONARD, A. M., M. D., Prof. of Medical and Surgical Diseases of Women, etc., Michigan College of Medicine, etc. Eleventh Revised Edition. Detroit: 1882. 12°. Pp. 82. Price 75 cts. = *Twenty-Second Annual Announcement of Bellevue Hospital Medical College, 1882-83.* With list of graduates for 1882. New York: 1882. 12°. Pp. 24. = *Second Annual Catalogue and Announcement of the Albany College of Pharmacy.* Department of Pharmacy of Union University. Session of 1882-83. Albany: 1882. 8vo. Pp. 9. = *First Commencement Exercises of Same,* with address to graduating class by PROF. DAVID MURRAY, Ph. D., LL.D. 8vo. Pp. 8. = *The Bacillus Leprae.* By I. BERGMANN. New York: 1882. 8vo. Pp.

5. (Reprint).—*The Announcement of the Woman's Medical College of Baltimore.* For the session 1882-83. 12°. Pp. 12.

### MISCELLANY.

**HISTOLOGY OF TUBERCULOSIS.**—In the examination of a considerable number of cases of more or less extensively diffused tuberculosis, Dr. W. T. Councilman, of Baltimore, reaches the conclusion that the morbid collections in the organs, which are termed tubercle, exhibit microscopically no uniformity of structure. Often considerable histological differences exist between the nodules of the various organs of the same case, indeed even in those of the same organ. The author is not for this reason, however, inclined to assert a variety of morbid processes but would have the rounded masses, as well as the reticular and the fibrous tubercle regarded as the outcome of the same morbid process. His definition of tubercle is this: "Tubercle is an inflammatory collection appearing partly in the form of granules, partly of infiltrates which can develop in various ways, that is to a certain point of development of the newly formed connective tissue, but always at last reverts to complete caseation."—*Wiener Med. Jahrb.* 1881, S. 207, and *Centralblatt f. d. Med. Wiss.*, May 20th.

**BALTIMORE COLLEGE OF DENTAL SURGERY.**—The following changes in the Faculty of this institution are reported: Dr. M. Whilldin Foster elected to the Chair vacated by the withdrawal of Dr. James H. Harris; Dr. C. F. Bevan elected Professor of Anatomy; Dr. Richard Gundry, Professor of Materia Medica and Therapeutics, and Dr. O. J. Coskery Professor of Oral Surgery.

**DEODORIZERS AND DISINFECTANTS.**—Great harm has been done by the popular recourse to so-called 'disinfectants,' which are in fact only stink destroyers or disguisers. Nothing is gained by making the odor of sewer gas less offensive than it would otherwise be. It is not the 'smell' that does harm, though it may nauseate; this is a small matter. Poisoning by sewer gas, which has been disguised or deprived of its characteristic smell, is, we believe, the cause of many unrecognized maladies. The evil influence against which we need to protect ourselves is a gas or vapor laden with the products of disease, which are nearly always, if the late William Budd was right, desiccated ova or seeds, requiring only a warm and moist place in some living body to vitalize and fructify. It is a beneficent provision of Nature that "poisonous or poison-carrying gases or vapors generally have an offensive smell. We destroy the warning odor without destroying the poison it denotes. We take the rattle off the tail of the snake that he may the better bite us with impunity. Deodorizers which are also not destroyers of all organic material are mischievous and their use militates against the health of the people."—*Lancet*.

**UNINTELLIGIBLE.**—"The *British Medical Journal*," says a Cincinnati journal, "reports an ear of corn discharged through the chest. The assailant must have used a cannon, or, at least, a pistol with an abnormally large meatus. But the 'friend at our elbow' suggests that our British cousins (or grandparents) say *corn* when they intend *wheat*; and that the patient fired his own charge after having thus loaded himself to the muzzle." Thus do languages change. Our Cincinnati reader apparently does not understand that we use the word "corn" to denote sundry cereals; while the Americans



apply it to the "Indian corn."—*Brit. Med. Journal.*

**SIMPLE CHANCRES OF PREPUTIAL MARGIN**—*Dr. I. Edmondson Atkinson, Med. News*, June 3, calls attention to peculiarities of these in cases of redundant prepuce or congenital phymosis. Commonly the part becomes thickened and the natural elasticity destroyed by inflammatory exudation. In attempting to retract the prepuce longitudinal cracks or fissures occur, leading to a number of simple chancres for the most part linear around the rim of the prepuce. After some days the prepuce nearest the ulcers becomes indurated, resembling the less decided induration one meets in the common run of infecting chancres, and rendering diagnosis difficult if not impossible. Recourse must then be had to the condition of the inguinal glands (stony-hard, painless in infecting chancre) and to auto-inoculation (readily exciting ulcerative action in simple chancres, whilst auto-inoculable only to a slight degree in the other form). In the treatment the author disapproves of circumcision, etc., for fear of reinoculation, unless the inflammation be very great or phagedena appear. Caustics are mischievous. Let the patient refrain from retracting the prepuce. Let warm water be syringed under prepuce followed by weak solutions of zinc sulphate, ferric potassio-tartrate, or aromatic wine. Lint, dry or soaked in the astringent, and placed between the prepuce and glans is of advantage Iodoform in powder often has a charming influence; also calomel and bland absorbent powders. The treatment is somewhat more protracted than in simple chancres elsewhere and the subsequent phymosis requires operation. The chancre may, however, go through its changes without departing from its ordinary type.

**GOODELL ON THE CURETTE.**—But

once did I ever see any serious injury produced by the curette, although slight metritis is by no means an uncommon occurrence. In this case—a lady of over 70, who required the curette about once a year—I on one occasion perforated the thin uterine wall with a blunt curette. There was no doubt of the injury, for I afterwards, with considerable perturbation of mind, passed up the sound until the handle was lost in the vagina. I said nothing, but I did a deal of thinking, and you may be sure that my patient was watched with intense solicitude. But she got well without even a rise in her temperature; indeed, as she herself remarked, the operation did not "phase" her at all. It certainly did not "phase" her as much as it did me.—*Med. News*, June 3rd.

**HYPERPYREXIA IN ACUTE RHEUMATISM.**—A committee of the Clinical Society of London draws the following conclusions from an analysis of 67 cases, mostly unpublished and occurring 1869-79: 1. Appears to prevail at certain periods corresponding in a certain degree with acute rheumatism generally; most common in spring and summer, rheumatism in autumn and winter. 2. Males to females as 1.8 to 1; age and occupation show no difference. 3. Subjects show no undue rheumatic family tendency. 4. Cases preponderate in first attacks of rheumatism. 5. Most often complicated with pericarditis and pneumonia; may be without complications and of itself fatal. 6. Mortality very considerable; one of chief causes of death in rheumatism. 7. Abrupt cessation of joint trouble and sweating not an invariable antecedent. 8. Delirium or other nervous disturbance very frequently precedes or accompanies. 9. Varies in date of occurrence and duration from fourth to thirtieth day of the rheumatism. 10. Death occurs mostly in second and

third weeks of do. 11. No distinct, nor necessarily extensive, lesions found *post-mortem*. 12. Cold to surface most valuable treatment, the earlier the more efficacious. Temperature cannot safely be allowed to rise above 105°. Cold bath most certain; failing this, ice, cold affusions, ice-bags, wet sheets and iced injections may be applied.

EXCISION OF PYLORUS.—Henck, of Heidelberg, at the Congress für Innere Medizin, tabulated the history of twelve resections of the stomach. One, which recovered, was performed in a case of stricture of the pylorus following perforating ulcer. The remaining eleven were for the removal of cancerous growths; four of these recovered from the operation; out of the recoveries, three patients are still alive and free from any recurrence; the fourth is known to have died four months after the excision, from a return of the disease. Czerny's patient, referred to in Internat Med Congress, who gained eleven pounds within six weeks of the operation, was ten months after the operation quite well with no symptoms of recurrence of the disease. —*Wien. Med. Blätter.*, May 18.

PROFESSIONAL EXPERIENCE.—Always feel and show respect for your seniors in practice. You may excel older physicians in the dogmatic and in severely scientific and technical points, but they have an experience and an intuitive forecast of the necessities and results of cases that far outweigh mere book knowledge and make them better logicians and much better practitioners. Because knowledge gotten from observation and experience is more like part of one's very nature than that gotten from any other source and is fixed indelibly on both one's senses and reason. Remember that although young doctors indulge more in scientific extras than older ones, yet that the art of curing disease owes more to common sense bed-

side experience than to anything else. —*Cathell's "Physician Himself."*

TANNIN IN ALBUMINURIA.—*Ribbert*, (*Lond Med. Rec.*) having produced albuminuria in rabbits by ligature, injected a ½ per cent. solution of tannin into the jugular veins. The kidneys subsequently examined showed marked diminution in the amount of coagulated fibrin in the Malpighian capsules in comparison with other kidneys. In a similar experiment with a 2 per cent. sol. of tannate of soda, the albumen was completely absent in most of the glomeruli and in others present only in minute quantity. It would appear, then, that albuminuria of traumatic origin may be lessened or actually prevented by this agent and a distinct experimental support is given to Frerichs' use of it in nephritis. R. suggests that besides lessening the transudation of albumen it may perhaps also influence the epithelial desquamation about the glomerulus. It is most likely to succeed in commencing nephritis.

AGARICUS IN NIGHT SWEATING.—According to Wollencen agaricus is equal in value to atropia in night-sweating and is quite harmless. It is a light, bulky, very bitter, brown powder and it is best given with jam. Twenty grs. at bedtime, are usually sufficient, though thirty grs. may be necessary to check the sweating completely. He has tried it in nearly forty cases with complete success. The only ill effects noticed were sickness which stops on withdrawing the drug and diarrhoea, which can be averted by combining with one or two grs. of Dover's powder. Young confirms the above statements and finds also that it relieves cough, induces sleep and lowers temperature. —*Med. Times and Gaz.*, etc.

A NEW monthly medical journal will be started in Baltimore with Dr. Geo. H. Rohé as editor.



BILLROTH.—Billroth declares: "I am no longer the bold and dauntless operator I was known to be when in Zurich; now I always ask myself this question: Would you let this operation be performed upon yourself if you were in your patient's place? As years pass by, one becomes more and more resigned; still I feel that in each succeeding year of life that destiny may yet allow me I will be more and more affected by hearing of failures and bad results in the work of our profession."

### MEDICAL ITEMS.

DR. ARCHIBALD ATKINSON has been appointed Professor of Principles and Practice of Medicine in the Baltimore Medical College.—A large bronze statue of Von Graefe, the eminent ophthalmologist, was unveiled in the University of Berlin, May 22nd.—Henry Sewall, Ph. D., Associate in Biology, Johns Hopkins University, has been appointed Professor of Physiology in the University of Michigan.—"The S. D. Gross Professorship of Pathological Anatomy" in Jefferson College is to be endowed by the Alumni Association of that school.—The Academy of Medicine is to be incorporated, a committee having been appointed for that purpose at the last meeting.—Von Langenbeck has tendered his resignation of the professorship of surgery in the University of Berlin, and it has been accepted by the Prussian Government.—Dr. H. P. C. Wilson gave a reception to the members of the Baltimore Academy of Medicine, at his country seat, on the evening of the 28th ult.—According to the rule of the Austrian universities, all teachers are retired at the completion of their 71st year.—Contagious pleuro pneumonia is prevalent among the cattle in the vicinity of Baltimore.—Children's likes and dis-

likes will control your destiny in many a family. Many people patronize various forms of quackery for no greater reason than that "children take it easily," knowing from experience that an attempt to give pills or bitter doses to refractory or puny children means a fight and a failure.—*Cathell's "Physician Himself."*—James Spence, Professor of Surgery, University of Edinburgh, died June 6th, æt. 70.—Prof. Hueter, Director of the Surgical Clinic at Greifswald, died of renal disease May 14th, æt. 43.—Dr. J. J. Woodward, late President of Am. Med. Ass'n, is said to be very seriously ill at Nice.—An investigation will be made this summer by the National Board of Health as to the presence of malarial germs in the air and water of malarial districts in New England.—The Chamber of Commerce of Cincinnati has adopted resolutions recommending a reorganization by the Common Council of the Health Board of the city on account of inefficiency "in the matter of ridding the city of small-pox, and preventing the spread of the same."—M. Maumené announces that he has succeeded in producing an artificial quinine, physically and chemically identical with the natural drug; the therapeutic identity has not yet been established.—Mr. Warrington Haward reported a case of splenectomy to the Clinical Society of London. The case was favorable, the woman having no disease except very rapid growth and enlargement of the spleen. The incision extended nearly from the ensiform cartilage to the pubes. Death ensued a few hours after.—An index of all the volumes of Transactions of the Amer. Med. Ass'n is to be published, at an expense of \$900, provided the funds in the treasury suffice.—The only Marylander honored with an appointment to office at the recent meeting of the Amer. Med. Ass'n was Dr. Wm. Lee, who was appointed on the Judicial Committee.

# MARYLAND MEDICAL JOURNAL:


A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

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SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

 Contributions from practitioners in good standing invited, and advertisements from reliable houses solicited. Address all business communications to

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WHOLE No. 90.

BALTIMORE, JULY 15, 1882.

VOL. IX, No. 6.

### ORIGINAL COMMUNICATIONS.

#### CORRESPONDENCE.

##### STATE REGULATION OF PROSTITUTION. ANSWER TO "EVIDENCE IN ITS FAVOR."

*To the Editors of the Md. Med. Journ.:*

GENTLEMEN:—A letter from Prof. Rohé in your journal (June 15th) in support of State regulation of prostitution contains some remarks which seem to require an answer. Besides criticisms upon my position, to which I shall refer later, the only fresh testimony he brings forward is a letter, said to be from a woman, who, at the time of writing, was a brothel-keeper in St. Louis. This letter, which was written to one of the city officials during the agitation for repeal of the regulations, strongly supports the system on the ground that it aids in the work of reclaiming prostitutes, and lessens the extent of the social evil. Perhaps it is to be set down to the moral revolution brought about by the Acts, but even thus a brothel-keeper in the *role* of a moral reformer is a rather refreshing and novel spectacle. Seri-

ously, I am surprised that Prof. Rohé introduced this letter. He must be aware that all testimony is not evidence. The letter is unsigned; the author unknown; the whole is a thoroughly irresponsible statement of one anxious to retain the badge of semi-respectability put by the law upon her calling.

But her statements also are open to grave objection. She assumes that numbers of loose women and men have been made moral by the law because they do not come to the brothels. The less frequent visitation of the licensed houses is seen wherever the Acts are in force, and upon the continent this fact is looked upon with sorrow by the supporters of the system. Long experience has taught them that people can be incontinent elsewhere than in brothels, and their not coming to them simply shows the failure of the system of control. In Brussels they have felt obliged to establish houses of assignation where women might go without fear of registration so long as they did not present themselves frequently with different men.



On the continent it seems to be generally conceded that regulation has increased clandestine prostitution. I can see no inconsistency, as your correspondent does, in the opposers of the Acts deploring this result. We are well alive to the advantages of treatment; we urge the establishment of voluntary and free dispensaries and hospitals of sufficient size to accommodate all women who might apply. Let them be well appointed under the charge of competent physicians and nurses. Let every thing be conducted with proper privacy and regard for the feelings of the patients. We believe that by this plan the women will soon learn the advantage of coming for treatment, and that those who leave uncured will be more than counterbalanced by the increased numbers who will attend. Where the regulations are in force the women avoid official inspection and enforced confinement as much as possible (Lenærs), and so a class of so-called clandestine prostitutes arises—that is, those who escape registration, and who are absolutely cut off from medical treatment for fear of the police. Is it inconsistent to urge that this renders them an increased menace to the public health?

I have been interested in reading the report of the discussion on the State Regulation of Prostitution in the Section on State Medicine at the late International Medical Congress in London. Here the discussion was general and a number of continental physicians took part. Out of the eighteen speeches and addresses eleven condemned the regulations. Of the remaining seven hardly any seemed to be satisfied with the practical working of the Acts, nor yet agreed on the remedy. For example: Let every one suspected of being syphilitic be regularly examined (Bellem). Make the communication of venereal dis-

ease punishable (Gihon).\* Let men be examined on entering the brothels (Schœnfeld). Let prostitutes be absolutely confined in the brothels (De Csátar); and, lastly, Dr. Kraus, of Vienna, one of Prof. Rohé's authorities, urged—on the ground that "*there was no other way to avoid the widespread horrors of venereal diseases*," and because so little had been accomplished to suppress or regulate clandestine prostitution—that (1) soldiers, sailors, (2) factory hands, (3) tradesmen, (4) servants, male and female, and (5) "wandering domestics" be subjected without regard to their morality to medical inspection.† Mere suggestions for improvement do not throw discredit upon a system, but when such revolutionary plans are gravely insisted upon, it proves something inherently wrong in it. In fact, the report shows the more thoughtful of the supporters perplexed, and disposed to throw the blame of failure upon the administration. This, I understand, is the course taken also by another great authority of Prof. Rohé's—Dr. Jænnel—who attacks the police of Paris as inefficient. Their Prefect, M. Lecour, shows they are not.

I think Dr. Ladame,§ of Neuchâtel, struck at the root of the matter when he said: "In order to abolish venereal disease, regulated prostitution is tolerated without its being perceived that the two are absolutely opposed to each other. \* \* \* "Nothing is so contagious as example,"‡ wrote La Rochefoucauld. If the several governments were to adopt

\*Dr. Albutt, opposing the regulations, proposed a similar plan.

†See official report of Transactions of the Congress by Sir Wm. Mac Cormac, London, 1881. Of course I do not profess to give anything like a complete resume of the propositions.

§Ibid.

‡Rien n'est si contagieux que l'exemple.

and apply the measures which have been recommended by the previous congresses, they would legalize the profession of prostitution and instead of arresting the progress of venereal diseases, they would as it were patent the very sources of those affections." When it is borne in mind that at the International Congress held at Vienna, 1873, very strong resolutions were passed in commendation of State Regulation of Prostitution, the above becomes interesting and important as showing the direction that medical opinion is taking. Neither in the Section on State Medicine nor in that on Military Surgery, where most of the five supporters of the system were English officials under it, was any resolution passed.

Prof. Rohé refers to Dr. Gihon's tables, which he believes to tell in favor of the Acts, and hints, at the same time, that I have twisted or garbled them. As no evidence for this is brought forward, I simply refer to my last paper as a sufficing refutation (this journal, May 15).

I fail to discover why he accuses me of adopting a "sample of Dr. Nevins' remarkable logic," which argues that, because (according to Dr. Barr, of Aldershot) more old women now are prostitutes than before the Acts, *therefore* prostitution has become more lucrative or escape from it more difficult. I do not find that I referred to either Dr. Barr or Dr. Nevins on the subject,§ though

§Prof. Rohe appears to assume (1) that I have blindly followed Dr. Nevins, and (2) that all Dr. Nevins' testimony is false. Had Prof. Rohe read my papers with care he would not, I think, have fallen into either error. In regard to Dr. N.'s evidence I repeat what I said in my last, (note) that but one of his tables (as far as I know) has been found false. This he acknowledges and attributes to a clerical error. But he is not alone in mistakes. Sir Wm. Muir made them and Inspector-General Lawson had to retract one of his own tables. Inspector-General Lawson objects to Dr. N.'s method of reasoning, of course, but that does not affect the correctness of Dr. N.'s facts. Almost all my English statistics are Lawson's or Muir's.

entirely independently of either, I did quote M. Lenærs to say that inscription upon the rolls of prostitution does "impose upon a woman a patent of infamy and exercises a fatal influence over her whole future."

Prof. Rohé makes much capital out of my comparing the amount of syphilis in Paris before and during the Franco-Prussian war. But he omits to notice the other evidence I adduced to show the continued ill-effects of the regulations and makes no mention of the authoritative announcement by the municipality of Paris last year of their failure both as regards disease and morality, and of their abolition.

Is it "lame" logic to say that the examination of soldiers in England who enter a protected district and the detention of them in hospital till well gives an unfair advantage to the protected over the unprotected where this is not done? In the first place, the law, and the arguments deduced from statistics, are supposed to apply only to the examination of women. This custom of examining men alters the terms of the comparison between the two sets of stations and so vitiates any argument drawn from the returns, which omits mention of this fact. Of course, each soldier thus detained adds one to the sick roll, but a moment's thought will show that it saves perhaps a dozen.

Speaking of logic, there is a somewhat interesting specimen at the end of Prof. Rohé's letter. He is speaking of the supposed unfairness of examining and often punishing the women but letting the men go free, and maintains there is no unfairness in so doing, because his dictionary tells him that "Prostitution is the common lewdness of a woman for gain." As this does not apply to men *ergo* they should not be examined. A better refutation of this argument could not be found than in the preceding clause of his own letter, in which he defends the official surveillance of the women on the only



possible ground—that of their danger to public health; and quotes Mill: “As soon as any part of a person’s conduct affects prejudicially the interests of others, society has jurisdiction over it; and the question whether the general welfare will or will not be promoted by interfering with it becomes open to discussion.” If it be admitted that the condition laid down by Mill—“affecting prejudicially the interests of others”—is fully met by the prostitute, in what way is it not as fully met by the man? How the exchange of money alters the danger of the two classes to public health I fail to comprehend. Where do women become diseased if not from men? As regards the question of morality, the tempter is the greater sinner, and the selfishness that reckons not at the ruin of fellow-creatures so its lusts are gratified, is hardly entitled to more consideration than the desire for a livelihood. Not that I would underestimate the sin of the woman, but neither would I that of the man. Dr. Gihon’s proposal merits much praise as being in this respect fair. And I candidly admit that if I thought it would work I should have no objection to it. But no man, scarcely—certainly no woman, not even a prostitute (for reasons of trade)—would be willing publicly to acknowledge to disease; and private trials would be an abomination. The result would be that designing people would have a splendid opportunity for levying blackmail. His plan of making it incumbent upon those treating such diseases to inform the authorities would drive people to unprincipled and unauthorized practitioners. It may be of interest to your readers to know that the American Public Health Association, to which Prof. Rohé refers, took no action upon the reports of its committee proposing laws for regulating prostitution.

Respectfully,

RICHARD HENRY THOMAS.

142 Lanvale St., Balto. 26, vi, 1882.

## LETTER FROM VIENNA.

VIENNA, June 7th, 1882.

DEAR SIR:—It was my intention to have written to you from Paris, but my time was so fully occupied during my three weeks there as to forbid it. I, therefore, embrace the present opportunity to fulfill the promise made you before leaving home. If the promise had not been made I feel sure I should not have had the courage to send you a letter for the JOURNAL.

What can I tell of Paris that will be of sufficient interest to the readers of THE MARYLAND MEDICAL JOURNAL to cause them to pause in their many and varied occupations and devote the time needed to read what has been seen by another? Paris! At the mention of that name some of your readers will recall many pleasant and profitable hours spent in that most beautiful of cities; others have never been there, but the name has charms for them. Is there one who has not listened time and again to the experiences of his more fortunate companions, and does not the name bring back to many the scenes they have oft heard of but have not been permitted to enjoy? What class of your readers thus remains for me to address; for whom shall I write or who will care to read what I do write? Two considerations only have induced me to write to you; the first and most binding is the promise made in an unguarded moment; the second is the sincere desire to contribute what little I can to the success of the movement recently commenced amongst us, for the establishment of a medical library and museum. If I can excite any increased interest in a subject which is of great importance to us as medical men in Baltimore, I shall be truly glad I consented to contribute something to your journal while abroad. It is only by the constant agitation of a subject that any good can be accomplished, and my desire now is simply

to bring an oft-talked-of subject again before you. Let me with this end in view direct the attention of your readers to the library and museums in the École de Médecine of Paris.

It takes no little ingenuity on the part of a stranger to find the École de Médecine, for a more out-of-the-way place cannot well be imagined; my difficulty in finding it was increased, owing to the fact that the narrow street leading to the Rue de L'École de Médecine, upon which latter the college fronts, was almost entirely blocked up by piles of dirt thrown out by workmen engaged in building a sewer. The Rue de Médecine is not much more than a fairly respectable alley-way, very narrow and during my visits to it very dirty; opposite the college, a pile of half-torn-down buildings does not add to the attractiveness of the places and scene. After considerable experimenting I found the college and a fine old building it proved to be. From the street you pass beneath an archway into a large open court, whose three sides are formed by the building; just opposite the entrance is a fine bronze statue of Bichat, erected in 1857. Though at the present time the surroundings of the college are exceedingly unattractive and the way to it narrow and difficult, yet those who visit it in a year or more from this time will find all greatly changed; fronting upon the Boulevard St. Germain, a fine broad street, as all such are in Paris, a handsome facade is now being built of that beautiful cream-colored stone, which adds so much to the attractiveness of the Parisian buildings. The new facade extends the full length of the square and will be when completed one of the many ornaments of the city. Crossing the court of the present college building, and entering the door nearly opposite the main entrance, you find two flights of narrow dark stone steps, leading to the amphitheatre. This room does not differ

from many others of its kind; uncomfortable seats and the usual amount of dust and dirt make one feel at home immediately. I presume the dust and dirt which has gathered about all things in our profession, owing to its great age, cannot be swept away in a day, and so we find the students' lecture-room usually unattractive. Recrossing the court and entering the door to the left of the entrance, you ascend a flight of broad stone steps and find yourself opposite two doors; the one to the left opens into the library, that immediately in front into the Musée Orfila.

The library of the Faculty is most excellent and well worthy of commendation. In a large room exclusively devoted to the purpose, with a fine stock of well-selected books and journals, the library furnishes all that any one could desire in the field of medical literature. Books of an ancient, as well as of a modern date, are to be found upon the shelves, and can be read in the room or taken away at the option of the individual. Those engaged in special research have thus in this library a full store-house from which to draw their supplies, and many are to be found availing themselves of it. Judging by the number in the room who were reading books, the library is not used merely as a place for hasty and desultory reading of the short articles published in the journals, but as a place for connected systematic reading, which we know can only be done by the use of books. The complete supply and free access thus given to both students and practitioners to the reading of books, begets in them an increased interest in any subject they may at the time have under consideration, because they feel that here all that is known can be searched out. The library in the École de Médecine fulfills the great end and object of a medical, as indeed of all other libraries, in that it is of itself a stimulant to investigation and



research, because men know that the most potent instruments for their works are at hand ready for their use. The supply of journals I judge is not as full as that of our own home library.

I trust your readers will not understand me to say that a library of journals is not valuable, for we all know that it is, and, in our own case, if either journals or books can be obtained, only the one or the other, beyond all question the journals should take the first place, as in them are to be found the facts and opinions of the present day; but I do desire to call the attention of your readers to the inestimable value of books and the crippled condition of a medical library which does not possess them, in the hope that some one's attention may be directed anew to the good work before us, and that they may practically help to build up a library of which the medical profession of Baltimore may justly feel proud.

The room is open several hours in the morning and from 7.30 until 10 at night, thus affording all an opportunity of using it. Desks with ink are also provided, at which one can read or write at pleasure.

To sum up all in a few words, everything is done to make the room attractive to those who visit it. I am sure the heart of him who has done so much to make our home library a success would be made glad by a visit to the library in the *École de Médecine* of Paris.

The Musée Orfila, named after its celebrated founder, is but a step from the library, so that in a moment you can pass between the two. This is truly a treasure-house for the student, and the practitioner can glean much valuable knowledge from its well-filled shelves. It occupies two large and several smaller rooms; around the former runs a gallery providing thus for a double row of cases in each. The rooms are all well lighted, com-

fortable and easy of access; the objects are admirably arranged in the cases, each being distinctly and fully marked and so placed that no one interferes with a view of its neighbor, and stools are provided in order that objects upon the higher shelves can be readily seen.

I was informed before going that an admission fee would be required; I spent several mornings there, however, seeing all that was to be seen, and no one approached me upon the subject of pay—all was apparently free. At each visit I found students with their books in front of the cases, comparing the printed descriptions with the realities before them; some were engaged in careful study, others coming and going, thus using the objects as matter for reference only. What could be more satisfactory than the study of anatomy with such a collection of the normal structures of the human body ever ready at hand for reference and comparison—a moment's examination of the reality often saving an hour of study? The centre of the main room is occupied by skeletons of men and the lower order of animals. Just opposite the entrance, and the first object to meet you as you open the door, is a fine adult male skeleton, with the bones in their proper relations but each removed far enough from its fellows to allow of a thorough examination of its various angles and surfaces. What better way of learning those carpal and tarsal bones, which we all remember as one of the difficulties of our early medical years, or of the true relation and characteristics of any of the bones of the body? Among the skeletons is to be found the model of an adult man, with the parts removable, in wood; it is certainly a curious and ingenious piece of work. To the left of the entrance door the cases against the wall are occupied chiefly with the bones; here are to be found skulls in great number and variety, showing

the many diversities even normal skulls are capable of exhibiting, Wormian bones of curious and divers arrangements, the tables of the skull here thick there thin; in one place the cranial box is to be found in its entirety, in another broken up into its component parts, each part separated just far enough from its fellows to enable you to get a correct idea of its relations, and still further on each bone is displayed above so that you can study it in all its parts. Here the student can take his Gray or Wilson and have the whole subject of the normal human skull drawn out in reality before him. In an equally complete manner the bones composing the spinal column, the ribs, sternum, the bones of the upper and lower extremities, etc., are shown in the cases which follow in order. After the bones are to be found the ligaments, fasciæ, muscles, arteries, veins, heart, lymphatics, skin; indeed, each and every part of the normal human body comes in for its share of space. The preparations showing the lymphatics are exceedingly beautiful and instructive, especially one showing the receptaculum chyli; quite a number of the preparations have the intestines distended and the lymphatics injected which are well worthy of careful study. The sympathetic nerve is shown in a number of preparations, and one needs little more than a thorough and careful examination of it as displayed here to learn the chief points of importance concerning it. The organs of special sense are well exhibited, the minute bones of the ear with the tympanum and its chain being especially interesting and instructive.

The smaller rooms contain preparations of birds, etc., except the last, in which, well shown and arranged in glass cases, are the various articles of the *materia medica*, each fully and plainly marked. This last room always had a number of students in

it, making comparisons between the objects in the cases and the descriptions given in their books.

I have possibly laid too much emphasis upon this museum as of benefit to the student—but it is of no less benefit to the general practitioner. Here is a field from which the graduate of few or many years can glean many new and valuable truths or recall those which have become dim for want of use; who amongst us does not constantly feel the need of the help a fine collection of the normal structures of the human body can afford? It is to be hoped the seed from which shall grow a museum, like the Musée Orfila in Paris, will soon be sown in our midst, so that students and practitioners may have a tree from whose branches much rich fruit may be plucked.

What the Musée Orfila is to the normal, the Musée Dupuytren is to the pathological anatomy of the human body. Leaving the École de Médecine and crossing the street a little further down, if you will pass beneath the first archway and along a narrow court you will find yourself in front of the Musée Dupuytren. This museum is in the refectory of an old Franciscan monastery, and it surely looks old and historic enough. The collection is open from 10 until 4 o'clock for students and members of the profession; if you are not known some difficulty may be experienced in getting access to it. I purchased some anatomical preparations from Mons. Tromand, a few doors from the museum, and he kindly secured me access to the building. If the Musée Orfila is valuable as a collection of the normal, the Musée Dupuytren is doubly so as a collection of the pathological structures of the body, especially to practitioners; the one supplements and renders practically useful the other. All is here arranged in the most perfect and systematic manner, so that quick and



easy reference can be had to anything in the collection; this is its great charm and one of its chief sources of usefulness. Commencing on the left as you enter with bony structures, the pathology of each and every part of the human body is shown. The larger part of one of the cases is devoted to the skulls of hydrocephalic subjects, another to the bones of the face, showing their distortions and diseases, a third to caries, exostoses, etc., of the bones of the extremities. The diseases of the soft parts, which have left changes behind them—permanent changes—have these changes well displayed in their proper place in the collection; arteries are to be seen as mere cords showing the effect of ligation; the heart and the many variations from the normal its valves are subject to; the intestines showing Peyer's patches affected in typhoid fever; the liver, spleen, lungs, kidneys—each and all are to be found in their diseased conditions. Volumes might be written upon the subjects contained in this collection and indeed few more valuable books are published than the *Indices of the Musee Dupuytren*, of which there are several.

With the hope that this letter, hurriedly written in the brief leisure times at my command, may be the means of at least directing renewed attention to the want of a good library and museum in Baltimore,

I remain sincerely yours,  
JOSEPH T. SMITH.

### CLINICAL REPORT.

#### REMOVAL OF A MYO-FIBROMATOUS TUMOR.

BY G. GLANVILLE RUSK, M. D., BALTIMORE.

Some few months ago I was consulted by Miss Dennis, aged thirty, of medium stature, who informed me that she had had a bloody flux from the vagina for the past four years, and during the menstrual epochs the flow had been alarming, with an accom-

panying dysmenorrhœa, which anodynes failed to alleviate. Several physicians, including a gynecologist, advised her to be patient as she was undergoing the ordeal of "change of life," and in due time she would be well.

From the history of the case, I suspected that I had to deal with an intra-uterine tumor. My patient was at this time exsanguinated, dyspeptic and anasarcaous; in a word bed-ridden from pain and exhaustion.

At the first vaginal examination nothing of note was revealed, save the bloodless hue of the parts. Unable to manipulate with the uterine sound owing to stenosis, I at once instituted gradual dilatation of the cervix uteri, in order to search for the disease that was rapidly terminating the life of my patient. She was ordered to be kept at absolute rest in the recumbent posture, her diet to be nutritious with ferruginous tonics, and the vagina to be tightly plugged by tampon. During the following month I succeeded in dilating the cervix to admit the index finger, when I encountered, together with the aid of the uterine sound, a growth encapsuled within the fundus and posterior uterine wall. By the use of the therapeutic measures named a status of health was reached that justified operative procedures.

With the assistance of Dr. E. P. Irons and my student, Mr. Abbott, I proceeded to remove the tumor after the mode described by Prof. T. Gailard Thomas in his great work on gynecology (page 544). My assurance of success was abundant, having at command Prof. Thomas' spoon-saw, my "sheet-anchor" in the surgical handiwork. In one hour I was rewarded with the privilege of presenting to the friends of my patient the entire tumor, weighing one pound and three quarters. By the hypodermic use of the bi muriate of quinia for a few days the temperature was kept within the bounds of safety. In one

month from the date of operation her convalescence was speeding into recovery. At the time of writing she is enjoying excellent health, being free from discomfort of every kind.

### TRANSLATION.

#### A BRIEF ACCOUNT OF THREE HUNDRED OVARIOTOMIES.

BY KARL SCHRÖDER, BERLIN.

*From Berliner Klinische Wochenschrift, April 24th, 1882).*

TRANSLATED BY DR. E. M. SCHAEFFER,  
OF BALTIMORE.

(Concludea).

In another case, operated upon May 15th, 1881, the tumor had developed into the mesentery of the cæcum, so that the vermiform appendix lay immediately upon it. It was separated from the cæcum, three to four ctm., the peritoneum divided, and then the tumor, with great difficulty, enucleated entire; in breaking up firm adhesions towards the brim of the pelvis, the spermatic artery was torn and quickly ligated. The right ureter lay close under the tumor and had to be freed to an extent of at least eight ctm. from the border of the uterus; the tumor was ligated by a double thread. As there was hemorrhage deep in the pelvis, the uterus was sutured behind to the cellular tissue of the pelvis close to the common iliac artery. Bleeding ceased, and the recovery was uninterrupted.

In a case operated on, July 4, 1881, the tumor was likewise removed from the border of the uterus, and since part of the cyst remained in the ligatures, this residue was dissected out, and then the whole uterine border stitched fast to the peritoneum. The tubo ovarian tumor of the other side was removed more easily.

The good service enucleation renders, I have seen in a case in which I made the diagnostic error of taking a *hydronephrosis* for an ovarian tumor. The mistaking of these two conditions is, in fact, very easy; and, in this case, I let myself be deceived the more readily because the lower part of this hydronephrosis extended even to the broad ligament of its sides, so that the uterine appendages, put upon the stretch, were plainly felt overriding the tumor, and a small ovary, which could be felt, was not further considered. At the operation, the descending colon lying upon the tumor, in whose mesentery the tumor was situated, made the facts in the case clear. Parallel with the colon, a long incision dividing the peritoneum was made, and the anterior surface enucleated.

Seized with the Muzeux forceps the tumor partly emptied its contents, so that it was tapped, and now totally collapsed. It was, then, without difficulty, removed from the mesentery up to the pedicle formed of the vessels and ureter. This was, first of all, tied with a double thread, then, after the tumor was cut away, the stout renal artery was bound up in the wound, and, lastly, on that side of the double ligature quite near the aorta once more a ligature *en masse* was placed. Recovery was complete.

The greatest operative difficulties in enucleation, however, were offered by another laparotomy, which was performed by me in Lübeck on Dec. 9, 1880.

It was not a case of ovarian tumor but a soft tumor of the connective tissue, which proceeded from the cellular tissue of the pelvis on the left, from the uterus in front. On opening the abdominal cavity it was found that we came into the belly just above the navel; so high up was the peritoneum pushed by the extra-peritoneal tumor in its forward development. The uterus was situated, with



its appendages, behind the tumor, the bladder lay to the right and in front, separated by the tumor from the uterus; the tumor reached deep down into the pelvis, as far as the outlet. The enucleation of this colossal tumor advanced with comparative ease; up to the pedicle, only twice had large arteries, after double ligaturing, to be severed; finally, the tumor on the left was only held in front in the pelvic connective tissue, by a pedicle of three fingers' breadth, and was cut away when this had been tied with a double ligature. As I, at that time, did not venture to close the colossal wound cavity, and the walls of the sack continued to bleed to some extent, the extra-peritoneal sack was stitched to the lower part of the abdominal cavity; in so doing, large peritoneal flaps, which were superfluous, were cut away. In a flap, on the right, lay the uninjured bladder torn loose from all its connections. In order to check hæmorrhage, the entire pelvis was plugged with salicylated wads. The course was, at first, a satisfactory one, until suppuration set in, from which the patient died in the fifth week.

Nevertheless, even this case shows, although it does not belong to the ovarian tumors, to what an extent it is possible to enucleate very large tumors from their bed.

A second important matter, which very much aggravates an ovariectomy, is *torsion of the tumor with its consequences*.

As soon as the torsion is so considerable that the blood can no longer circulate freely in the vessels of the pedicle, there arise strong inflammatory symptoms; death even may result from general peritonitis. On the other hand it may, to be sure, bring about a retrogression of the tumor, yet this result is unusual. I once saw such a tumor at an ovariectomy, undertaken for malignant papilloma of the left ovary. Here on the right, was

found a tumor which had grown to the size of a fist, to which, from the uterus, only the twisted-off tube passed; then came a gap, and towards the outside it rested firmly on the broad ligaments. After it was laboriously peeled away from the adhesion, it proved to be an old, atrophied cystoma, with papillomata of the inner surface, in a state of fatty degeneration. The contents of the cyst were inspissated in part like mustard, partly, like thin cholesterin jelly. The patient succumbed about a half a year later to cancer of the peritoneum.

The rule is that even after complete ligature of the pedicle, the adhesions so richly nourish the tumor that it again takes on further growth.

We, then, have a continuously growing tumor, which, according to circumstances, is everywhere adherent, and on that account presents great operative difficulties.

The number of twisted pedicles observed by me is very large. In the last 100 cases, I have noticed this torsion fourteen times, and am sure that in several cases this observation was forgotten; in other cases, torsion did not show itself, since the pedicle had disappeared in the extensive, firm adhesions. The operative difficulties, which the morbid growths cause, depend essentially upon the firmness (of adhesion) of the same. In general, this firmness is the greater, the older the growths are. Still this does not occur without exception; quite recent growths are always easily detachable. As for the rest, the position where the growths have taken place, and the organ upon which the tumor has trespassed, make no very great difference. Easily severed adhesions are not to be feared, even when they completely fix the tumor in Douglas' cul-de-sac, or have developed in the intestinal loops, or liver; while adhesions, separable with difficulty, can make the operation one of unending labor and actual danger, when they go

to the peritoneum of the anterior abdominal wall.

Whether torsion of the pedicle has or has not taken place cannot, even at the operation, always be plainly recognized. But that the pedicle, through torsion, has become very thin, or has quite disappeared, is shown in many cases by the circumstance, that, when we have finally freed the tumor from its adhesion, the former is left quite loose and a true pedicle is wanting.

I will briefly give a few examples of operations rendered especially difficult by reason of adhesions.

Mrs G. was operated on June 2, 1881. After the abdominal incision, the large tumor was punctured. It was intimately and firmly associated in the pelvis with the entire posterior wall of the uterus. Further, from it passed a thick membranous band to an ovarian tumor of the right side, the size of an orange. Also from the intestinal loops extended numerous membranous growths to the posterior wall of the tumor. First of all, the band between the two tumors was tied with a double ligature and cut through; then the right tumor freed and ligatured along with the dropsical tube. Only after very long and infinitely tedious labor, I partly succeeded, by sheer force, partly, by tying and cutting, in detaching the tumor of the left side from the uterus and gut, so that it could be broadly ligated. To the vigorously-bleeding posterior surface of the uterus, a large membranous flap was stitched; the course was normal throughout.

Miss V. was operated upon Oct. 18, 1881; the tumor was everywhere entirely and firmly adherent as far as the small rounded extremity above. The bladder lay high, entirely adherent between the anterior abdominal wall and tumor. Its muscular coat was incised during an attempt to drag it down in front, but the bladder was not opened. After the extensive and

very firm adhesions were with much trouble broken up, the remaining pedicle of the right side was ligatured without difficulty. As the adhesions on the anterior surface of the uterus bled strongly, the excavation was sewed up in such a way that the bladder was stitched to the fundus uteri. Recovery, on account of great weakness, was somewhat delayed but proceeded smoothly.

Miss R. had an ovariectomy performed June 21, 1878. At that time a large tumor of the left side was removed; then it was shown that also on the right side, there was a cystoma the size of one's fist, which, by a broad base, was attached to the uterus enlarged by myomata; and, it was so generally and intimately adherent to convolutions of the small intestine, and to the cæcum, that its removal appeared impossible. When she returned in the summer of 1880 with a large ovarian tumor of the right side, I decided to repeat the ovariectomy. The abdominal incision was made to the right of the old cut, with which the omentum was united. The cyst had only in front a free spot; elsewhere it was intimately associated by growth with the uterus, itself enlarged through myomata developed in the pelvic connective tissue, and with the bowel, especially the cæcum. By degrees I succeeded in tearing it loose and applying ligatures. Behind the uterus and the mesentery of the sigmoid flexure, from which the cyst was torn away, there was considerable hæmorrhage, so that this space could, with difficulty, be closed by six sutures placed deep in the pelvis. Recovery complete.

Miss B. was operated upon June 1, 1881. The tumor, not very large, lying in the pelvis, of complicated nature and beset with luxuriant papillary growth, was everywhere adherent. It filled up the pelvis so that it had grown to the side and behind, most intimately with the peritoneum, and in front with the fundus of the



uterus. It seemed at first impossible in any way to get at the tumor since one could nowhere enter the pelvis; at last, with great effort, entrance was effected between the fundus uteri and the tumor; the fingers, here, by degrees pressed forward even into Douglas' cul-de-sac, and then revealed that the entire inner adhesions had so moulded together the tumors coming from both sides, that their borders could not be distinguished. After it was divided, first, the larger tumor on the left was ligatured and then, with great difficulty, that lying in the broad ligament on the right.

This was probably the most difficult ovariectomy which I have performed. The tumor was malignant. Recovery proceeded satisfactorily. So far no relapse.

Mrs. Von S. was operated upon by me June 26, 1881, in Stargard. I had to do with a suppurated dermoid cyst which discharged pus through a sinus in the anterior abdominal wall. The incision was made to the left of the fistulous opening, and the latter surrounded with a suture and tied up. The omentum, lying with its broad surface adherent to the cyst, was behind, to the side and below, totally adherent, so that it first had to be freed with effort from the anterior wall of the belly; then, there was a discharge from the cyst of pus, fatty matter and hair. The tumor was then laboriously detached behind and on the left from the flexure; on the right, thick bands effected the union of the tumor with the cæcum. Slowly, but with considerable hæmorrhage, they were torn loose from the cæcum, and, in so doing, the vermiform appendix throughout its entire length had to be dissected with the knife from the bands in which it was completely concealed. First, then, we were able to ligature the pedicle of the cyst on the left and to cut it off. The fistula of the abdomen was cut out. Perfect recovery.

In another case, May 13, 1880, there was a carcinomatous tumor intimately blended with the cæcum and the processus vermiformis, and the latter was already permeated with little cancer nodules, so that it had to be entirely cut away. Even this patient was discharged cured; of her subsequent fate nothing is known.

The third event which effects the prognosis unfavorably is *rupture of the cysts*. That individual cysts burst and empty their contents into the abdominal cavity, is an almost regular occurrence in the development of large cystomata. One sees, among other things, at once, the collapsed cysts with the point of rupture, and finds their contents in the abdominal cavity. As a rule, they undergo perfect absorption, and the event passes by without leaving a trace. In other cases, however, there spring up signs of irritation on the part of the peritoneum; exudations into the abdominal cavity ensue, and then, indeed, are found all forms of mild inflammatory symptoms, an ascitic fluid, varying from a nearly pure to a cloudy exudation with bright injected serosa, or to thick fibrinous deposit upon the major part of the abdominal organs, and great thickening of the peritoneum. With all this, there are by no means found the symptoms of general peritonitis, since these are only characteristic of the septic form of general peritonitis. I have operated on a series of such cases. The operation, as a rule, offers no difficulties; still, it is always more dangerous than a simple ovariectomy; here, as well as in extensive adhesions, even when they are easily separated, recovery ensues through a kindly adhesive peritonitis. This brings in itself, therefore no danger; but, when it takes place on a very large surface of peritoneum, it taxes the strength, and old, feeble patients die during an aseptic course from failure of the vital forces, in the second or third week.

These are the principal complications that can convert an otherwise simple operation into one of enormous difficulty. The last hundred of my operations shows such an unusually large number of difficult complications that I quite begin to believe that the simple cases are all operated upon; yet among the last ten I have again had six uncomplicated ovariectomies.

The frequency of these complications, and the infinite difficulties which the same oppose to operation—difficulties which can be so great that the beginner considers them insurmountable, whilst in the hands of the experienced the issue is a fortunate one—are the reasons which have led me, above, to the statement that it is not to be regarded as a mark to be striven for, to make ovariectomies the common property of all operating surgeons.

## SOCIETY REPORTS.

### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD JAN. 17TH, 1882.

JAS. CAREY THOMAS, M. D., President, in the Chair.

(Specially reported for the *Maryland Med. Journ.*).

**RUPTURE OF EYEBALL POSTERIORLY—DIAGNOSIS MADE.**—*Dr. Chisolm* reported the case of a man, seen Dec. 26th, who, in a drunken brawl, had been struck in the face with a chair, receiving injuries of the nose, eye and forehead. The anterior chamber of the eye was full of blood; there was decided exophthalmos, partial exposure of ball, chemosis and loss of sight. Drawing the upper lid upward nearly caused paraphymosis. Palpation showed a soft ball. A diagnosis of rupture of the posterior wall of the eyeball with extensive extravasation of blood and vitreous humor was made.

One week later a similar case presented itself in a young man who went shooting with a friend. The latter discharged a pistol at a stone directly in front of him. The ball rebounded striking

the eyeball of his companion walking by his side. A soft eyeball was detected in this case also. The cornea could actually be plicated. A laceration of the posterior segment was diagnosed, which, on removal of the ball, was confirmed.

*Arlt* says rupture of the eyeball is common, occurring invariably at the corneal border; only one case being on record in which it occurred at the posterior surface, in the practice of *Mr. Bowman*, and in this the laceration was not suspected until after enucleation. *Lawson* reports a similar case. *Dr. Chisolm* said the two reported by him were the only ones on record, as far as he knew, in which such an injury had been diagnosed in advance of enucleation.

**MAGNET FOR REMOVING PARTICLES OF IRON FROM THE EYE.**—*Dr. Chisolm* also exhibited an instrument devised by *Dr. E. Gruening*, of New York, for removing particles of steel, etc., from the eye. It consisted of a combination of magnets with a pointed extremity to be introduced through the opening made by the foreign particle. The latter would be attracted to it at a distance of  $\frac{1}{4}$  inch. *Dr. C.* had removed with it a particle of iron, which had penetrated beneath the conjunctiva and which could not be easily seized with the forceps.

**DAY AND NIGHT EPILEPSY.**—*Dr. Conrad* spoke of the difference between day and night epileptics. The former consort together very peculiarly and early become friends. They are morose, ill tempered and disagreeable, with homicidal mania predominant. He remembered but one case in which such cases did not exhibit mental derangement. On the other hand night epileptics exhibit but little change in mind and temper. He would not receive into his asylum day epileptics.

*Dr. McKew* had not noticed the distinction pointed out by *Dr. Conrad*. He referred to a gentleman affected with frightful diurnal epilepsy, whose mind was not impaired and who was of a genial and gentle nature.

*Dr. Jas. A. Stewart* said that day epileptics were dangerous and troublesome, whilst night epileptics were the reverse.

*Dr. Taneyhill* confirmed the statement of the gregarious tendency of such



patients. At the Maryland Hospital there was an "epileptic airing court," as it was called, where they congregated. The results in night cases were very satisfactory as to cure. He regarded the change from diurnal to nocturnal attacks as a favorable indication.

*Dr. Owings* asked whether the catamenia did not always increase the perturbation of epileptics and the insane.

*Dr. Conrad* replied yes. Neither night nor day epileptics get well as a rule. All the phenomena in the former are much less violent than in the latter, and they have an intellectual capacity which the latter do not have. His impression was that when the bromides were suspended the attacks equalled the sum of those which would have occurred if they had not been given, and are also more severe. Notwithstanding, more good has resulted from the bromides than from all other remedies. He had seen no direct bad effects from the use of the bromides. It is a common statement that a patient became insane after the stoppage of her menses. He would regard both this and masturbation as rather the effect of insanity than its cause.

*Dr. McSherry* had obtained good results from a combination of bromide of potash and cimicifuga. Intellectual impairment does not of necessity result from epilepsy, since such men as Napoleon, Cæsar and Mahomet were epileptics. He related a case of nymphomania. For eight years the subject of it had had sexual intercourse every night without fail and every time she went off into a fainting attack.

*Dr. Conrad* said it was the recurrence of the attacks that gave a serious prognosis to cases. A lady, 28 years of age, had had epilepsy since the age of 7 years. The coma following became more and more prolonged until it resulted fatally. This person carried a pistol and threatened the life of her lawyer and shoemaker. Napoleon, etc., only had epilepsy in consequence of the lives they led.

ACUTE CHOROIDITIS PROMPTLY CURED BY JABORANDI.—*Dr. Chisolm* related the case of a patient with choroidal trouble and nearly completely blind in

consequence, to whom instead of iodide of potash and mercury, he gave one drachm nightly of fluid ext. jaborandi. On the day following the first dose he could count fingers; next day cards, and in one week was reading the *Sun*. The effect was due to diffusion of the circulation and relief of tension.

ABNORMALLY SLOW PULSE.—*Dr. Chisolm* related the case of a stout and healthy colored girl, aged 21, who came to the clinic to be operated on for strabismus. Her pulse before as well as after the administration of chloroform was 48, the slowest pulse he had ever felt in a young person.

*Dr. McSherry* knew a gentleman who had an habitual pulse for at least five years of 36. He had since had a paralytic attack.

HEMORRHAGE FROM DEEP PALMAR ARCH.—*Dr. T. B. Owings* related the case of a boy, 14 or 15 years old, who, in running across the grounds attached to his house, at night, one week ago, fell over a dog, receiving a ragged wound of the lower part of the wrist, apparently not deep. Three days after there was slight bleeding and the bandage was removed and the wound washed. The following night he was called with a message that the boy was bleeding to death. He tried to take up the bleeding vessel for several hours and then obtained the assistance of Prof. Tiffany, who applied a ligature and checked the bleeding. The bleeding proceeded from the deep palmar arch, which had been injured by a sharp piece of stone driven into it. It was singular that bleeding should have occurred first five days after the injury.

*Dr. Tiffany* found a ragged wound and the tissues very sloughy, and to this the hemorrhage was due. Pressure on the ulnar stopped the bleeding. Only one ligature was applied to the deep palmar arch. He had never tied the deep arch before and the superficial arch only once (in a case of injury from glass). In both cases but one extremity of the artery was ligated, the other being closed probably by the inflammation that had occurred.

MEMBRANOUS CROUP.—*Dr. Owings* reported a case of croup, in a child 2½

years old. to whom he gave gr. i calomel every hour for 24 hours. At that time it seemed to be choking to death, and it was thought death was inevitable. But vomiting of the membrane occurred followed by temporary improvement. One hour after a message came that the child was dying. He found the forehead and face covered with perspiration and symptoms of congestion of the lungs present. The labored breathing continued till death. He had always looked on calomel as the sheet anchor in croup till the last four or five years, since which he has used in addition to it balsam copaiiba, 3 i every hour.

STATED MEETING HELD MAY 2ND, 1882.

J. CAREY THOMAS, M. D., President, in the Chair.

(Specially reported for Md. Med. Journal).

Dr. Boyland read a paper entitled PATHOGENIC ADMONITIONS IN PRACTICE (published in the number of this journal for May 15th).

Dr. Donaldson remarked that the distinction between typhoid and typhus fevers had been clearly pointed out thirty-five years ago by Dr. Elisha Bartlett, at that time Professor of Practice in the University of Maryland. In his work on "Fevers" he had carefully studied the two diseases, and had shown they were separate organic fevers, differing materially in their etiology, their symptomatology and their pathology. The views of Dr. Bartlett had been singularly ignored by later writers on fevers, especially by Jenner and Murchison. Dr. D. stated that he himself had had ample opportunity in 1847-48, at the Quarantine Hospital, of verifying Dr. Bartlett's conclusions as to the non-identity of these two essential fevers. The virulently infectious character of typhus in strong contrast with the mildly infectious typhoid was shown by the fact that every attendant, with one exception, during the epidemic at the Marine Hospital contracted the disease. The great value of the out-door treatment of typhus was proven during his (Dr. D.'s) term of service at the Baltimore Infirmary in 1867.

Nearly every case of typhus occurring in the wards had died. He ordered that each case as it broke out should be placed in tents in the yard of the Infirmary. Seventeen cases were thus treated without a single death.

Dr. Chew said that Bartlett had been antedated by Louis' careful and accurate researches, which established the distinguishing characteristics of typhoid fever.\* The distinction had been vividly impressed on his mind by the case of a student who went to Bayview Asylum, came back to the Baltimore Infirmary and afterwards was attacked with typhus fever. As he was convalescing from this he took typhoid fever. Thus within two months all the symptoms of both were observed typically marked in the same person.

Dr. Donaldson did not consider that Louis had made the differential diagnosis between typhus and typhoid fevers.

Dr. Browne said that during the prevalence of typhus at Bayview Asylum nearly every one died who was treated in the building, whereas of those treated in sheds outside almost all recovered. The remedies were acids and stimulants.

Dr. McSherry was called some years ago to St. Mary's Industrial School to attend an epidemic of typhus fever. The patients there were moved to sheds, and no one died after this, but the disease subsided. He did not believe the disease so contagious if you could carry the subjects of it away from crowds.

The President had seen at Zurich simple pavilions made of wooden supports, with thick curtains of duck tacked to each pillar. He thought this much better than tents, because it secured better protection against sun and rain.

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\*The first American edition of Louis' treatise, translated by Dr. Bowditch, was published in 1836. The first edition of Dr. Bartlett's work on Fevers appeared in 1842. In the preface to his first edition Dr. Bartlett remarks that "if the histories of Continued Fever which have been given to us by Louis, Chomel and others were generally accepted and generally read, I should certainly not have added another to the long catalogue of books on fever."—S. C. C.



## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 3, 1882.

(*Specially reported for Md. Med. Journal*).

I. EDMONDSON ATKINSON, M. D.,  
President, in the Chair.

**GREEN'S OPERATION FOR ENTROPION.**—*Dr. Theobald* said a number of operations had been devised for incurving lids. An old procedure now seldom resorted to was to cut off the margin of the lid together with the lashes; this removed the lashes but left a tendency in the lid to become incurved during cicatrization. Another method was to make an incision into the edge of the lid between the meilomian glands and the lashes and then to remove a portion of the skin; but in this operation a number of lashes would be left turning into the ball. None of the methods proposed proved entirely satisfactory until *Dr. Green*, of St. Louis, devised one and described it at a late meeting of the Ophthalmological Society. *Dr. G's* method consists in everting the lid and making an incision through the conjunctival surface and tarsal cartilage, two millimetres from the margin of the lid; then turning back the lid and removing an elliptical portion of external skin. Three deep stitches are then passed through the part holding the lashes and the edge of the incision last made, and tied. The result is eversion of the lashes, and filling up by granulations of the exposed part. *Dr. Theobald* had just seen a case upon which he had performed *Green's* operation two years ago, previous efforts to cure having failed; the lid presents now a perfectly normal appearance and shows no evidence of the operation; the lashes all turn out. The operated eye shows quite a contrast to the other, which was equally affected, but in which no operation was done. *Dr. T.* had had other cases of the same operation but did not know the ultimate results as in the one related.

**LARYNGEAL PHTHISIS**—*Dr. J. D. Arnold* opened the discussion of this subject (an abstract of *Dr. Arnold's* paper appeared in this journal of April 1st)

*Dr. Bermann* had heard *Rindfleisch* speak of cases of primary laryngeal phthisis, and he had read of other cases. He had also seen a case which was exhibited by *Gerhardt* to the students attending his clinic as one of the same nature.

*Dr. H. Clinton McSherry* said there were recorded a number of cases in which no evidence whatever could be detected of disease of the lungs. The tumescence of the larynx always coincides with an anæmic larynx. When the larynx is ulcerated it is almost impossible to feed the patient. Then it becomes the chief object to keep the patient alive. This may be done by passing an elastic catheter through the nose and œsophagus. Fluid nourishment can thus be conveyed to the stomach.

*Dr. Arnold* said the two cases of *Morell Mackenzie* were only judged of by the naked eye appearances, which amount to nothing when there are no signs of disease in the lungs. Tracheotomy as a means to prolong life is justifiable in laryngeal phthisis; it had been done three times by *Lennox Browne* last summer.

*Dr. Hartman* did not believe there was an authenticated case of primary laryngeal phthisis. He had seen several cases in which there were no signs of lung disease detectible; but this was due to the fact that the lung trouble was not sufficiently advanced for recognition. He related the following case: A lady had tubercular ulceration of the larynx. This underwent healing and contraction; the voice from being lost was now nearly normal. She had a small cavity at the apex of the left lung and consolidation at the apex of the right lung. Now there is only a little congestion left. This was the only case in which he had seen any benefit from treatment. He agreed with *Dr. Arnold* that no benefit was to be expected from any treatment. In the case cited the treatment consisted of borax, soda and a little carbolic acid in spray and insufflation of iodoform, with appropriate constitutional remedies.

*Dr. Mackenzie* said that a distinction should be made here, as in the lungs, between catarrhal and tubercular laryngeal phthisis. The former differed from

simple catarrhal laryngitis in its extreme chronicity, its tendency to relapse and its usual termination in ulceration which shows little disposition to heal, and which may eventually become tubercular. Dr. M. believed this form of laryngeal phthisis curable; in fact, had seen unequivocal cases recover, but only under careful local treatment of the ulcers themselves as recommended by Bosworth, of New York. He was inclined to refer the vast majority, if not all, of the cases of so-called "cured laryngeal tuberculosis" to this form of phthisis, which he called the chronic ulcerative laryngitis of the tubercular. He alluded to the difficulties in diagnosis, especially to the liability of confounding catarrhal follicular inflammation with tubercular laryngitis. The alleged possibility of the laryngoscopic diagnosis of miliary tubercle in the larynx had recently been demonstrated experimentally by Schnitzler, of Vienna. Although inclined to discredit the diagnosis in many of the reported cases of cure, he was nevertheless disposed to believe that under favorable circumstances and careful local treatment the ulceration of tubercular laryngeal phthisis was susceptible of cicatrization. The cure of tubercular lesions of the intestine and lungs and the results of injection and drainage of pulmonary cavities encourages the belief that the cicatrization of the laryngeal lesions is also possible, and this is rendered the more probable when we reflect how easily the necessary local treatment can be carried out in the larynx. The cicatrization of the local lesion, however, does not constitute unfortunately the cure of the disease any more than the healing of a tertiary ulcer of the epiglottis argues the cure of syphilis. Dr. M. referred to the obvious impossibility of a certain *intravital* diagnosis of primary laryngeal phthisis. He insisted on the importance of local treatment of the larynx and said that many cases were benefitted by inhalations of creosote, thymol, eucalyptol, etc., etc., although care should be exercised in their employment. He recommended especially the vapor of the benzoate of iodine and deprecated the use of expectorants by the stomach.

Dr. A. B. Arnold believed there was very little prospect of benefit from treatment. Some relief is afforded by remedies for spasmodic cough.

Dr. Richard H. Thomas.—In regard to the question of tubercle occurring primarily in the larynx, he believed the fact had not been mentioned that Heinze, in his examinations, found in all his cases of laryngeal phthisis evidence of older disease in the lung. Clinically, it is well known that auscultation and percussion reveal only the gross condition of the lungs, and pulmonary disease can very easily be present without giving rise to any physical sign. It had been said in the paper that the laryngoscope often made the diagnosis of phthisis possible before pulmonary signs presented themselves. Türk held that by the laryngoscope alone he could discover the presence of tubercle. Later authorities deny this. Dr. Thomas thought, in the absence of lung symptoms, a positive diagnosis of laryngeal phthisis, in the early stages, at least, hardly possible, though there might be strong ground for suspicion. As to treatment, he thought most benefit was to be expected from continual inhalations of creosote, eucalyptol, etc., taken by wearing a respirator constantly, as recommended in the current number of Braithwaite's Retrospect. He agreed with the paper in discouraging the use of irritative procedures, such as scarification of the larynx, etc. He rather deprecated tracheotomy, as in the cases he had seen, life was but little prolonged. The operation is attended with some danger and the tube seems to irritate the mucous membrane. In dysphagia, he also had seen much benefit from the use of insufflations of morphia. The best time for their administration is about an hour before meals.

Dr. J. D. Arnold said it is of course possible that in a tubercular patient a simple catarrhal laryngitis may supervene, and in such case the resulting lenticular ulceration can by judicious treatment be healed before it becomes the theatre of tubercle deposit. But if this has once happened—and according to Heinze (whose observations were cited in the paper just read) throat ulceration in phthisical patients is tuberculous in



nearly 99 per cent. of all the cases examined microscopically—then cicatrization never occurs in laryngeal tuberculosis. Dr. Arnold claimed no curative value for tracheotomy, and only considered its performance justifiable for the relief of the terrible dyspnoea so often present in the latter stages of the disease.

## EDITORIAL.

**ANTI-VACCINATION LOGIC.**—A very speciously written pamphlet, emanating from Mr. P. A. Taylor, M. P. for Leicester, and entitled "Current Fallacies About Vaccination," has recently been widely circulated in this country and Great Britain. This publication is calculated to exercise a very dangerous influence among a certain shallow class of readers; indeed it may deceive even some of the more reflecting who do not see through the sophistry of one who stops at nothing in order to prove that "vaccination is a delusion and a superstition." Already his followers are claiming that he has demolished his opponents. Let us examine a few of his sledgehammer arguments:

1. He claims that faith in vaccination is the result of accepted tradition—not once in a thousand cases of conviction produced by examination or research. He utterly ignores the constant opportunities afforded during the prevalence of epidemics of witnessing its protective influence. He counts as nothing the failure of the disease to spread among other members in a family where one member has been attacked, vaccination having been successfully performed immediately upon its appearance. Yet surely this cannot be a rare experience with physicians who have had anything to do with small-pox epidemics. How different is this from the deportment of measles, scarlet fever, and other highly infectious diseases under similar circumstances! And would Mr. Taylor mean to imply that we are ignorant of the historical opposition with which vaccination had to contend on its introduction by Jenner, or of the enforced conviction it wrought wherever it was tried. Surely no great and radical innovation ever

achieved success so purely by its own merits as vaccination. But the author of this sweeping brochure is not satisfied with ordinary evidence. "The real scientific examination of the results of vaccination requires," he says, "of course a scientific accuracy in the notation of an enormous number of facts for a considerable length of time, together with the most careful and scientific comparison with the facts observed by others with equal scientific accuracy and with due regard to all the other conditions which, if vaccination were true, would still exist contemporaneously. It is not one parish, nor one year, nor one country even, within which sufficient experience could be accumulated upon which a basis for scientific opinion could be founded." Yet Mr. Taylor, M. P., who has no personal knowledge of the subject, and who doubtless has never seen a case of small-pox in his life, does not hesitate to pronounce vaccination "a delusion and a superstition."

2. The author does not undertake to deny that a diminution of small-pox followed the introduction of vaccination, the deaths for the ten years preceding 1800 being 18,477, whilst those of the following decade amounted only to 12,534; nor does he question the accuracy of the official figures of Dr. Carpenter showing that the death rate in England and Wales in the twenty-five years following compulsory vaccination (1854) was only about one-half what it was in the preceding twelve years. But he is ready here with his suggestion of a *post ergo propter* fallacy, and lest this should not suffice he asserts that small-pox was on the decline at the time of the introduction of vaccination. He throws out a gentle hint, but of course does not intend that anyone should take it, that the epidemic of 1871-2 may have been the result of the increased practice of vaccination after the act of 1854.

3. The immunity of physicians and nurses is to him a matter of very easy explanation. "There is nothing very remarkable" in the fact that persons "presumably in good health and taking every due precaution should escape the infection of small-pox just as for the most part they do of the fevers for which no

vaccination is prescribed." The immunity is acquired, he says, by long and frequent exposure to the miasm. He does not explain the immunity enjoyed by physicians and others who are casually exposed, apparently forgetting that many physicians attend a case of small pox but once during an epidemic.

Of course he makes the most out of the dangers and ill-effects of vaccination by exaggerating their frequency and importance.

Space, however, forbids further allusion to the erratic but nevertheless dangerous views of Mr. Taylor, who began by opposing compulsory vaccination but wound up by opposing all vaccination. The devastating character of unimpeded and unmodified small pox is known to us, but the non-professional reader has no such means of estimating the value of vaccination. Its few disadvantages may easily be presented to him in such a light as to obscure its many merits. The lesson these considerations would seem to suggest is that we should at all times be prepared when opportunity offers to give simple and convincing proofs of the value of vaccination, and should not consider it time thrown away in enlightening the public as to its utility.

**THE SENATE AND PRESIDENT GARFIELD'S PHYSICIANS.**—The unseemly language used in the United States Senate in the discussion of the amount to be paid to the medical attendants of the late President Garfield is not calculated to elevate that august body in the estimation of members of the profession. Instead of confining themselves to the question of the proper value of the services rendered, senators took advantage of the occasion to charge the physicians with bungling treatment of the case, and intimating that the fatal result was due to malpractice. We hope there is some way of holding these gentlemen who thus ignore the opinions of all the eminent surgeons who have expressed themselves upon the case—to legal account for the gross violation of propriety and truth of which they have been guilty.

**REGISTRATION OF BIRTHS.**—We have received a communication from the court-

eous and efficient secretary of the Board of Health of Baltimore, Mr. A. R. Carter, in which he vindicates the innocence of the Board in connection with the grossly defective returns of births on the ground that the Board has no means to detect the violators of the law. He adds: "I feel satisfied that if the members of the profession would take a little interest in the matter, and send in their returns of births immediately instead of waiting until the time allowed by law, Baltimore would be able to make as good a showing of an increase of her population by 'natural flow' as any other city in the Union." No doubt, Mr. Secretary, but such things are not to be worked by any voluntary arrangement. To make it effective there must be a legal obligation which must be *felt* and *enforced*. The present law evidently does not meet the requirements of the case. It has been intimated that it is wrong in principle, in that it demands services of physicians without offer of compensation. It would be well to study the methods adopted elsewhere, especially in England, and we would recommend to our friend, the secretary, who has always shown such commendable zeal in all that relates to the health interests of Baltimore, to investigate the subject and report the results.

**SUSPENSION OF THE NATIONAL BOARD OF HEALTH BULLETIN.**—Owing to the failure of Congress to provide a sufficient appropriation for the proper continuance of the duties of the National Board of Health the publication of the Journal which hitherto, for three years, has been issued weekly by the Board was suspended July 1st. No event, scarcely, connected with the medical department of the administration of the Government of this country could be more unfortunate. The necessity for providing means of publication for the important investigations carried on under the direction of the Board must be obvious to all impartial observers and what shall we say of the information so promptly conveyed of the prevalence of communicable diseases, of death-rates and other like matters. Just as America was beginning to take an honorable position in the depart-



ment of hygiene and public health our hopes are blasted by the shortsightedness or penuriousness of our legislators. Could they not have begun with some of the appropriations which relate merely to matters of convenience or luxury rather than with this which concerns the lives and health of cities and communities?

## REVIEWS, BOOKS & PAMPHLETS.

*A Manual of Histology.* Edited and prepared by THOMAS E. SATTERTHWAIT, M. D., in association with Drs. J. Collins Warren, Blake, Williams, Simes, Wendt, Amidon and others. With 198 illustrations. New York: 1881. 8vo. Pg. 478.

This work is designed to occupy a position midway between the small hand-books and the elaborate and expensive treatises upon the same subject. It summarizes in concise and plain language our present knowledge of histology, and it gives a prominence to the study of human textures which is wanting in most works of the same nature. Such physiological and pathological additions have been inserted as were necessary to elucidate the text. The encyclopædic form which has been adopted is in accord with the sentiment and custom of the period, and results from the tendency to specialization in all departments of knowledge. Copious references are given at the end of each chapter to the leading authorities on subjects treated.

The chapter on "The Thick Cutis Vera," by Dr. J. Collins Warren, contains some original observations by the author upon a structure hitherto undescribed and which he terms "fat columns," or "fat canals;" these columns extend from the bases of the hair-follicles through the middle and deeper layers of the cutis to the panniculus adiposus, and are seen to best advantage in the thickest portions of the

skin. They are said to offer an explanation of certain pathological processes, the nature of which was hitherto obscure. We heartily commend this work to the confidence of those seeking information upon the subject of which it treats. It is modern, clear and brief—yet sufficiently full to meet the wants of the well-informed general practitioner.

*Transactions of the American Gynecological Society.* Vol VI. For the year 1881. H. C. Lea's Son & Co. Philadelphia. 1882. 8vo. Pp. 542.

The handsome style in which the Transactions of this society are gotten up has already been commented upon in these pages. The present volume is creditable in every respect, reminding one forcibly of similar English publications. The select character of the American Gynecological Society is shown by the fact that the total number of active Fellows is but fifty-four, and that the limit of membership is fixed by the constitution at sixty. It is a thoroughly representative body, embracing the leading minds in this so strongly Americanized specialty. At the sixth annual meeting there were thirty-three Fellows present, the vice-president, Dr. Thaddeus A. Reamy, of Cincinnati, occupying the chair in the absence of the president, Dr. Byford, of Chicago. The volume opens with the minutes, followed by the address of the president, which is chiefly devoted to reflections connected with the history and work of the society. He concludes with a proposal for the formation of a "McDowell Fund," the interest of which shall be used as an annual prize for essays or lectures upon gynecological subjects. He suggests that a certain small percentage be contributed towards this fund out of the fees received for each ovariectomy. Among the papers that attracted most favorable comment and discussion was

one by Dr. Henry J. Garrigues, of New York, entitled "Exploratory Puncture of the Abdomen," in which the so-called pathognomonic Drysdale corpuscle seems to have been pretty effectually disposed of. In regard to tapping, of the dangers of which so much has been said, the author, whilst admitting their existence, believes that they should be limited to the very rare cases of puncture of blood-vessels. Among the other most valuable papers in the volume are "Notes on Cases of Pelvic Effusion Resulting in Abscess," by Dr. G. H. Lyman, of Boston, in which the author advises immediate aspiration whenever a collection of pus in the pelvis is suspected; "Bursting Cysts of the Abdominal Cavity," by Prof. Goodell; "Axis Traction with the Obstetric Forceps," by Dr. Albert H. Smith, of Philadelphia, and one on "The Practice of Gynecology in Ancient Times," by Dr. E. W. Jenks, of Chicago; the latter an interesting study of ancient gynecology in which, according to the author, much can be found that is valuable and suggestive even to the busy practitioner. The papers of the six candidates elected to Fellowship next follow and the volume concludes with an Index of Gynecological and Obstetric Literature of all Countries for the Year 1880.

*Clinical Lectures on Diseases of the Urinary Organs.* By SIR HENRY THOMPSON. Sixth London Edition. Illustrated with 73 Wood Engravings. P. Blakiston, Son & Co. Philadelphia; 1882. 8vo. Pp. 175. In paper. Price 75 cents.

"Speak of the Devil and his imp appears." We mean nothing disrespectful in applying this rather inelegant but much-used quotation to the present volume which seems to come, as it were, in response to a plea made by us a few weeks since in favor of "Cheap Medical Literature." We owe this

volume to the generous self-sacrifice of the author, who allows this edition, embracing his latest modifications and additions up to 1881-2, to appear at less than one-fourth the previous cost, "so as to bring it within the reach of all students." His proposed aim is to present in these twenty-four lectures, which he has continued to deliver year after year at University College Hospital, and the first edition of which appeared in 1868, a practical epitome of his subject in the smallest possible compass and no one who reads his work can question his success not only as regards conciseness, but also clearness, simplicity and attractive style. It is not to be wondered at that the work has appeared in *six* languages, for besides the inherent attractions it offers, it is the production of the highest living authority upon the "Diseases of the Urinary Organs." It may be of interest to quote the author's opinion of lithotomy or "lithotripsy at a single sitting," (an important addition to the present edition) as he persists, despite Bigelow, in calling it:

In experienced hands it is an operation unequalled in its safety for the patient.

It appears to produce less subsequent persisting irritation of the bladder than the old operation at several sittings.

No new form of instrument is required.

Its value lies altogether in the removal of all the foreign matter from the bladder at once, so that nothing remains to excite inflammation in an organ already irritated.

The less irritating the operation has been the more certain and speedy the recovery.

It should be employed by beginners only for calculi of moderate size when hard.

If calculi are large as well as hard, a young surgeon will probably proceed more safely by lithotomy.



In friable phosphatic calculi size offers a much less serious difficulty.

For a hard calculus, upwards of an ounce in weight, it certainly demands an experienced operator.

*Eighth Report of the Baltimore Charity Eye and Ear Dispensary.* By DR. SAMUEL THEOBALD, Attending Surgeon. For the fourteen months ending June 14th, 1882. 12°. Pp. 8.

This is the final report of an institution organized over eight years ago in the eastern section of the city and which is now brought to a close by being merged into the Baltimore Eye, Ear and Throat Charity Hospital. The total attendance during the period embraced by the report was 2,864; the aggregate of visits for the eight years and two months during which the institution was in operation was 17,758, representing 2,702 patients. All this was accomplished at an expense of but \$2,248.38, an annual average of about \$275. This sum was provided by the generous contributions of a number of individuals conspicuous for their liberality towards undertakings of a charitable nature. The sphere of operation will henceforth be in the western part of the city, the new hospital having been definitely located on Franklin Street above Greene.

*Catalogue and Annual Announcement of the College of Physicians and Surgeons of Baltimore.* 1882. 8vo. Pp. 34.—*Excerpts From Opinions of Distinguished Medical Men Justifying the Treatment of the Late President Garfield.* From DR. BLISS. Washington: 1882. 8vo. Pp. 24.—*University of Maryland.* Seventy-Sixth Annual Circular of the School of Medicine. Session 1882-83. 8vo. Pp. 25.—*Twenty-Second Annual Announcement of the Bellevue Hospital Medical College.* 1882-83. 8vo. Pp. 25.—*Ninth Annual Report Relating to the Registry*

*and Return of Births, Marriages and Deaths in Michigan for the Year 1875.* Lansing: 1881. 8vo. Pp. 329.—*Tenth Do. for the Year 1876.* 8vo. Pp. 331.—*Extensive Ravages From Lupus With Subsequent Cicatrization, Leaving but One Small Hole in the Face, Which Represents Both Mouth and Nose, With Complete Closure of the Anterior Nasal Orifices.* (Reprint). By J. J. CHISOLM, M. D. 8vo. Pp. 5.—*Second Annual Report of Astronomer in Charge of Horological and Thermometric Bureaus in the Observatory of Yale College, 1881-82.* By LEONARD WALDO. New Haven: 1882. 8vo. Pp. 16.—*An Obscure Case in Nerve Pathology Accompanying Optic Neuritis.* By J. J. CHISOLM, M. D. (Reprint). 8vo. Pp. 4.—*The Prevention of Venereal Disease by Legislation.* By ALBERT L. GIHON, A. M., M. D., U. S. N. 8vo. Pp. 23.—*On Genital Renovation by Kolpostenotomy and Kolpoecpctasis in Urinary and Fecal Fistules.* By N. BOZEMAN. (Reprint). 8vo. Pp. 43.—*Static Electricity as a Therapeutic Agent.* A paper read before the Academy of Medicine by JAMES KNIGHT, M. D. New York: 1882. 8vo. Pp. 15.—*Johns Hopkins University Circular.* Biology work for the year 1881-82. 4to. Pp. 3.—*Catalogue of the Baltimore Medical College, 1883-83.* 8vo. Pp. 8.

Dr. H. P. C. Wilson leaves for Europe this week to be gone two months.

The Senate has reduced the amount to be paid President Garfield's physicians from \$52 500, as recommended by the committee, to \$35,000.

During the last five years 73 deaths occurred in Baltimore from small-pox, of which 11 occurred in 1881 and 60 in 1882.

## MISCELLANY.

**FRACTURE OF PATELLA.**—Hutchinson maintains that separation of fragments depends upon effusion, which, perhaps, is most commonly a mixture of blood and synovia. Heath agrees with this opinion, and does not hesitate to aspirate the knee-joint both in fracture of the patella and injury to the joint without fracture; he thus demonstrates that the contents are principally blood during the first few hours and blood mixed with synovia later. If aspirated within a few hours of the accident the blood is still fluid and is readily withdrawn, but if allowed to coagulate the case will be tedious, for blood is more slow of absorption than synovia. Having emptied the joint, or before effusion, Heath applies plaster-of-Paris bandage over an envelope of cotton wadding and makes the patient get about as soon as the plaster is dry, thus maintaining the tone of the muscles. Hutchinson keeps in bed for six weeks, from which atrophy of quadriceps may be anticipated.—*London Cor. Am. Practitioner*.

**TREATMENT OF BASIC CAVITIES.**—According to *J. Mitchell Bruce*, M. D., of London, F. R. C. P. (*Practitioner*, April), the most successful includes residence in a cool, aseptic atmosphere; the maintenance of as perfect hygiene as possible; the internal administration of tonic, nutritive and, if necessary, specific remedies; the systematic employment of posture and expectorants as means of evacuation, and the continuous disinfection of the walls and contents both by external (inhalations) and internal (stomach administration) remedies.

**PHOSPHORUS IN INTERCOSTAL NEURALGIA.**—*Dr. Chas. D. F. Phillips* (*Mat. Med. and Therapeutics*, 1882) has been using phosphorus in this affection for over twenty years, and has notes of fifty-six cases in which

the pain quickly subsided under this treatment, and did not, so far as he knows, subsequently return. In some instances it succeeded where arsenic failed. The dose was 1-100 to 1-50 gr. thrice daily, doses which are sufficient to secure its full therapeutic effect. The same author also speaks highly of its action in phthisis, having employed it with marked success in over 800 cases. Although it will not cure phthisis it will in many cases arrest its progress, at all events, for a time. It improves the condition of the throat and voice, relieves the dry, harassing cough, and arrests the colliquative diarrhoea and night-sweating. Its use is not altogether free from danger as when there is a tendency to hæmorrhage it may induce hæmoptysis.—*Lond. Med. Record*, April 15.

**EYE AFFECTIONS FROM MALARIAL POISONING.**—The most frequent lesion (*Kipp, Trans., New Jersey Med. Soc.*) is a superficial ulcer of the cornea, usually of one eye only, always with severe pain in and around the eye, photophobia and lachrymation. The first stage of the ulceration is an opaque linear swelling, with injection of the adjacent cornea; the central portion sloughs off, and though in favorable cases the ulcer spreads no farther, a progressive destruction of the superficial corneal layers may follow. In either case the reparative process is extremely slow. Other affections of the eye which have been noticed to occur in connection with malarial fevers, are diseases of the uveal tract, hemorrhage into the vitreous body, retinal hemorrhage, optic neuritis, partial or total loss of vision of one or both eyes, without visible changes in the ocular structures, and, therefore, presumably dependent on disturbances in the nervous centres. Such conditions are referred to in the writings of Macnamara and others quite well-known to the surgeons of India.—*Lond. Med. Record*, April 15.



**RECTAL EXAMINATION IN HIP DISEASE.**—*Dr. Cazin* urges this means of establishing the diagnosis especially where excision of the joint is in question. In a child under 14 the part of the os innominatum corresponding with the acetabulum is partly cartilaginous. The symptoms elicited are postcotyloid pain on pressure, enlargement of pelvic glands, thickening of bone, depression, destruction, or perforation of postcotyloid surface, congestion of soft parts and pelvic abscess. If the bone be penetrated the head of the femur may be felt to move on moving the thigh.—*Practitioner.*

**SPIDER-WEBS IN INTERMITTENT.**—*Dr. Oliva* finds from the history of 119 cases that cobweb in the dose of one to two grm. generally stops the second chill; that it is tasteless and lessens tendency to relapse. The web is shaken to remove dust, washed, dried in the sun and powdered. A tincture is also prepared.—*La Independencia Medica and Practitioner.*

**PROCIDENTIA IN THE FIFTH MONTH OF PREGNANCY; REPLACEMENT AND DELIVERY AT TERM.**—*Dr. V. G. Webb* (*Brit. Med. Journ.*) reports a case in which a woman, after carrying a bucket of water, had bearing down pain on the following day, inversion of the vagina, and extrusion of the uterus five or six inches from the vulva. The parts were oiled, reduction effected and a Greenhalgh's spring pessary introduced. Lead injections were ordered with rest in bed. After five days inflammatory symptoms had subsided and she was allowed to get up. The pessary was worn four months without discomfort. Four and a half months after the accident normal delivery occurred, and after 14 days the patient resumed her household duties without any subsequent discomfort.

## MEDICAL ITEMS.

**THE New York Post-Graduate School** is the culmination of the recent disagreement in the Faculty of the University of the City of New York and resignation of the Post-Graduate Faculty.—*Prof. Caselli*, of the University of Genoa, has performed resection of a cancerous pylorus, the first done in Italy. The patient, a female, sank from shock a few hours afterwards. No secondary growths were found *post-mortem*.—"A few years ago I introduced the trocar without hesitation, but the older I grow the more conservative I become, and I now hesitate before inserting even a hypodermic needle into the connective tissue of the pelvis."—*Emmet*.—A legacy has been left to the French Government for the promotion of painless suicide by chloroform, etc., in persons suffering from painful and incurable diseases.—*Lesenevich* has under care a boy ten months old whose mammary glands have secreted milk since his birth.—*Dr. David W. Cheever* has been elected to the Chair of Surgery in Harvard University, vice *Bigelow*, Emeritus.—*Duchek's* Chair of Internal Medicine at Vienna has been filled by *Prof. Nothnagel*, of Jena. *Hans Chiari* goes to Prague.—*Carl Mayshofer*, Professor of Gynecology in the University of Vienna, died June 3, æt. 45.—*Billroth* declined the appointment as *Von Langenbeck's* successor in the University of Berlin.—*Surgeon-General of the Army Barnes* retires, and is succeeded by Assistant Surgeon-General *Charles H. Crane*.—*Dr. T. Gaillard Thomas* has been re-elected to, and has accepted the Clinical Professorship of Diseases of Women in the College of Physicians and Surgeons, which he resigned a year ago.—*The British Med. Association* will celebrate this month its semi-centennial.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

THOMAS A. ASHBY, M. D.,

EUGENE F. CORDELL, M. D.

SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

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ASHBY & CORDELL, PROPRIETORS, 29 Park Avenue.

WHOLE No. 91.

BALTIMORE, AUGUST 1, 1882.

VOL. IX, No. 7.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### TRANSFIXION OF THE LEFT ARYTENOID CARTILAGE BY A FISH-BONE—LOSS OF MO- TION IN THE CORRESPOND- ING HALF OF THE LARYNX —ABSCCESS; RECOVERY.

BY JOHN N. MACKENZIE, M. D.,

Late House Physician in Bellevue Hospital,  
New York, and Chef-de-Clinique at the  
London Hospital for Diseases of the  
Throat and Chest, Golden Square, W.

The literature of foreign bodies in the air-passages goes back to the time when Anacreon perished by the grape which made his songs immortal. Substances in almost infinite variety, even the larynx itself,\* have found their way into the windpipe; and their modes of entrance, the various phenomena to which they give rise, and

the methods devised for their extraction, have furnished the material for separate treatises which abound in interesting reading and instructive detail.

As the following case, for which I am indebted to my friend, Dr. Whistler, of London, presents some features of unusual interest, I am induced to place it on record:

In the summer of 1879, while in charge of Dr. W.'s clinic at the Hospital for Diseases of the Throat and Chest, a young man applied to me on account of great difficulty of breathing and loss of voice, which had come on suddenly during his mid-day meal, and which he accordingly attributed to the impaction of a foreign substance in the throat. In the act of swallowing a mouthful of fish he had experienced an acute pain in the lower part of the throat and a convulsive sense of constriction, which lasted for some time and during which he was unable to "fetch his breath," as he inelegantly observed. After the violence of the paroxysm had subsided, he found that he was unable to swallow, and that his respiration had become seriously embarrassed. The

\*Burrow (Brai hwaite's Retrospect, American edition, 1850, 21, p. 203. from Caspar's Wochenschrift) tells of a boy who inhaled the larynx of a goose while blowing through it in play. Strangulation took place, with a clear, whistling noise in breathing, followed at each expiration by "a hoarse noise not unlike that of the voice of a goose." Tracheotomy was performed and the larynx with difficulty extracted.



dyspnoea increased rapidly in severity, and the patient in great alarm sought relief at the hospital.

When he arrived at the clinic, some hours after the accident, his respiration had become labored and stridulous, exquisite pain in the throat precluded attempts at deglutition, and the voice was almost completely gone. The tissues external to the larynx were somewhat swollen, and manipulation of the organ itself gave rise to intense suffering. Nothing noticeable was observable in the oro-pharynx, nor could any foreign substance be detected in the glosso-epiglottic or pyriform sinuses. The left latero-posterior pharyngeal wall was greatly swollen and œdematous. Owing to the irritable state of the pharynx and the nervous condition of the patient, but especially to a large overhanging epiglottis, laryngoscopic examination was accomplished with great difficulty, and only after a number of unsuccessful attempts was a view finally obtained of the laryngeal cavity. The whole mucous membrane and both vocal cords were intensely hyperæmic—the left ventricular band greatly swollen and the corresponding cord immovable. The mucous membrane of the left ary-epiglottic ligament and that clothing the arytenoid cartilage of the same side were œdematous, the œdema of the cartilage giving rise to a large, globular swelling which diminished considerably the lumen of the larynx. No foreign body could be seen in the larynx or lower pharynx.

The œdematous portions of the larynx and pharyngeal wall were freely scarified with Mackenzie's laryngeal lancet with great and immediate relief to the patient. Probes and instruments of various kinds and sizes were next introduced into the œsophagus; but the most careful exploration failed to determine the presence of a foreign body. The introduction of forceps and hooks deep into the gullet was likewise negative in result; and,

as the scarification had placed the man out of immediate danger, it was decided to abandon, for the time, the search for the foreign body. The patient was accordingly given a diaphoretic mixture and a soothing inhalation, with instructions to keep cracked ice constantly in the back of the throat and to return the following day. The next morning he reported great relief from his suffering, and a good night's rest; but deglutition continued painful and impossible. The pharyngeal wall was still slightly œdematous. The œdema of the ary-epiglottic fold and arytenoid cartilage had subsided; but on the posterior surface of the latter a small, round, intensely red tumor had developed, which, when touched with the probe, gave rise to acute pain. Thinking that a small bone had penetrated the cartilage behind and produced suppuration, the abscess was freely lanced with the guarded laryngeal knife. A few drops of blood and pus followed the incision but no foreign body could be detected.

The next day pus was discovered welling up from the œsophagus and posterior border of the arytenoid which had been incised the day before. The left ventricular band presented posteriorly a small, circumscribed swelling streaked on its surface with fine red lines. On attempted phonation, no motion could be detected in the corresponding side of the larynx. Under the guidance of the laryngeal mirror, a probe was introduced into the opening of the œsophagus and directed against the cartilage, where it impinged on a small, hard, projecting body. Attempts were then made with forceps and other instruments to dislodge it; but only with partial success, and I determined to defer the attempt at extraction until the suppurative process should render the object looser and easier of manipulation. The following day suppuration had increased and efforts at extraction

were repeated. After succeeding in loosening the body and accomplishing partial extraction, the patient was seized with a convulsive action of the muscles of the throat, and, finally, at the end of the paroxysm, expelled the foreign body—a fish-bone about one-half an inch long and two or three lines in breadth—covered with blood and pus. The extremity of the bone, which had evidently been buried in the larynx, was sharp, rugged and more or less pointed; the other smooth and rounded. After its expulsion, the patient coughed up a small quantity of purulent matter much to his relief and satisfaction.

The throat was thoroughly cleansed with disinfectant solutions, the wound treated with stimulating applications, the larynx placed at perfect rest and the patient placed upon iced milk. With the removal of the bone, motion returned gradually in the left side of the larynx, the dysphagia and injection of the laryngeal mucous membrane disappeared, and at the end of a fortnight, the excursions of the vocal cord were apparently perfect. The arytenoid cartilage was left in a somewhat thickened state and scarred on its posterior aspect from the cicatrization of the abscess cavity, and the swelling on the ventricular band remained (although the injection had disappeared); but the larynx performed its functions with perfect ease, and the patient was discharged from the clinic cured.

The points of interest in the case may be briefly summarized as follows:

1. *The situation and mode of entrance of the foreign body.* The bone had in all probability fallen lengthwise across the opening of the œsophagus, with its sharp, jagged end in front, and had been driven forcibly into the larynx in the convulsive acts of deglutition which followed its introduction with the food. It had doubtless passed along the lateral border of the arytenoid, partially transfixing the cartil-

age, through the muscular fibres of the thyro-arytenoideus externus, and buried its point in the left upper posterior wall of the ventricle, as indicated by the swelling and injection of the left ventricular band. The crico-arytenoid joint had apparently escaped uninjured.

2. *The loss of motion on the corresponding side of the larynx.* This was obviously due to the transfixion of the laryngeal structures in the path of the bone, and to the abrogation of muscular action induced partially, doubtless, by reflex spasm, partially by inflammatory action.

3. *The failure, at first, to detect its presence after careful examination,* due to the accompanying inflammatory swelling and œdema, and the very unusual depth to which the bone had penetrated the laryngeal tissues.

4. *The method of expulsion* (by supuration) *and the happy termination of the case;* and 5, finally, *the obvious importance of laryngoscopic examination in all cases where a foreign body has gained admission to the throat.* It seems superfluous to dilate upon the dangers which must follow the rough manipulation to which the œsophagus and even the larynx are subjected without an intelligent appreciation of the situation derived from ocular inspection. In the above case, without such aid, scarification would not have been indicated or carried out, the patient would have been placed in peril, and the incautious use of instruments unguided by the eye would have almost certainly increased the œdema and precipitated tracheotomy. Without inspection with the mirror the œsophagus, and even the stomach, have been roughly invaded, while the offending substance nestles, secure from arrest, in the pyriform sinus. Even with its aid, the difficulty of extraction when the foreign body has been buried in the tissues can only be appreciated by those who have had some experience in their removal.



## THE CAUSTIC POTASH TREATMENT OF CARBUNCLES.

BY B. F. LEONARD, M. D.,

Professor of Physiology and Clinical Professor  
of Diseases of the Rectum, Baltimore  
Medical College.

Prof. Post (*New York Medical Record*, March 18, 1882) is enthusiastic over the use of stellate and crucial incisions in the treatment of carbuncles; he states that he has had no personal experience in the use of caustic potash.

I am just as enthusiastic about the potash treatment; and from quite an extended experience with it I can confidently recommend it to the profession, using, however, certain precautions in the application, which I have gradually learned, and which will appear in the details of a few cases. I would call attention to the fact that there is, by this means of treatment, no loss of blood, a most important item with some patients.

I was first led to use the potash in the spring of 1880 in Deadwood; the patient would not permit the use of the knife, so I employed the caustic as a *dernier ressort*, but now it is the treatment which I prefer and advise. However, if a patient has a decided preference for the knife the only satisfactory way is to thoroughly bisect the gangrenous mass, avoiding the error of making a number of hacking cuts at it.

CASE I.—Miss A. G., had been suffering intense agony for several days from a thickened mass in the tissues below and external to the left angle of the mouth. Facial carbuncle was diagnosed; and as poulticing had already been kept up for two days without relief I proposed incision: she would not listen to that, so I suggested the caustic potash treatment. She consented and I used the method detailed by Bryant, this being my only available author.

A piece of resin cerate with a hole cut in it was applied to the skin over

the carbuncle and the caustic in dressing forceps, was used to bore a hole into the brawny mass. When I removed the cerate I found the caustic had insinuated itself by gravity between the resin and the skin, forming an ugly, long, black eschar. The relief to the pain was immediate.

The carbuncle was more developed on the mucous side of the cheek, but I was afraid to use the caustic inside of the mouth for fear of accidents, my patient being hysterical and much exhausted. There was considerable discharge of sloughs through the large orifice made by the potash, their separation being favored by poultices. There was no recurrence of pain, and the recovery was rapid. There was left, however, a large deforming scar, which gradually contracted somewhat but remained an annoyance to the young lady, who was quite handsome. I proposed subcutaneous section of the cicatrix with a plastic operation for its removal, but this little cosmetic operation was frustrated by her unexpected removal from the camp.

CASE II.—Mrs. A. J., a young widow, a syphilitic. She complained first of an ulceration in the cheek opposite to the last lower molar tooth; the ulcer being underlaid by a rather thin but brawny plaque. As the tooth was jagged and the ulcer bled at the slightest contact, I ordered the removal of the tooth. This was done, but the induration rapidly increased, and on my return to town after a short absence, I found a well-developed carbuncle on the inner side of the cheek and the patient utterly worn out by pain.

A hypodermic injection of morphia ( $\frac{1}{2}$  gr.) was given, and a stick of caustic potash securely tied in the dressing forceps was used to bore a hole deeply in the gangrenous mass. I knew I had good mental control over my patient, but in spite of this I felt some anxiety in making this application lest I should have laryn-

geal spasm should any potash get in the larynx. I had by me a known good vinegar, and after I made the application I immediately made her take a large mouthful of the vinegar, repeating this gargling until the pain, which was momentarily severe, ceased. Several applications were subsequently made, the patient recovering slowly but satisfactorily under the usual general treatment.

CASE III.—Mrs. S., a hearty German woman, attended by Dr. Sam. Martin. She consulted Dr. M. about a sore in the left angle of the mouth, which she believed had resulted from an unintentional vaccination by means of lymph conveyed from her child's arm. The ulcer extending and brawny induration developing around and beneath it, I was called in consultation. I found her suffering with a large facial carbuncle with so much cellulitis of the same side of the face that the eye was closed; and she had been kept awake several nights by pain. As is usual, when mucous surfaces are involved in carbuncle, there was an irregular, jagged ulcer with a whitish stringy bottom, involving the angle of the mouth and covering considerable of the surrounding mucous surface.

The caustic potash was applied to the angle of the mouth, boring deeply in to reach the center of the gangrenous mass. When sufficient depth was attained, the action of the caustic was immediately stopped by swabbing with acetic acid c. p. applied by absorbent cotton on sticks. When the pain of the application ceased the patient was left, no anodyne being needed afterwards. One application was all that was necessary; the relief to the agonizing pain was almost instantaneous the cellulitis quickly subsided and the patient was well, without a scar, in a few days.

CASE IV.—Mr. E., a man of remarkably fine physique; obscure history of

syphilitic infection seven years before; was treated by a doctor for "pox," but I could not get a history of more than a local sore, possibly herpes p. or at most a chancroid. Being a traveling man he had been in the hands of several well-known physicians, none of whom had succeeded in making an impression on his disease. His first carbuncle occurred in September, and in July he still has crops of them, having had about thirty-five in the interval; the first occurred in the back of the neck and the last over one tuber ischii.

The patient has at times polyuria with traces of sugar, but of this I shall give no details since I am only concerned in this paper with the local treatment. When he first came into my hands he had had quinine and iron *ad nauseam*; I gave prolonged trial to calcium sulphide without any appreciable effect. Mercurial innuotion seemed for awhile to make a decided impression on him, but new and frequent crops subsequently occurred. He was used to the knife so I cut the first few, but their after course being sluggish, and the poultices being troublesome on account of his being compelled to make numerous short trips, I substituted the caustic for the knife.

I will give the outline of the treatment of one carbuncle. He came to me with one about the size of a silver dollar, it having been considerably irritated from its position (under the waistband). The application was made in the manner above described, boring deeply until I judged I was about half way into the substance of the carbuncle, meanwhile protecting the sound skin by swabbing with acetic acid (c. p.). In spite of this the eschar at first, although only as large as the big end of a lead pencil, became as large as a silver half dime. The caustic action, when carried far enough, was stopped by the use of the acid. In a little while all pain had ceased,



and the wound was left with a simple dressing of absorbent cotton. The result of the application was the formation of a large, dry, black and firmly adherent scab; but what was most remarkable, besides the absolute relief to pain, the indurated and brawny mass was reduced to less than half its former size. In a few days the eschar was removed by a few poultices applied at night; the induration was then gone, leaving a simple ulcer which rapidly healed under iodoform.

Perhaps I have been tediously prolix in this description, but since this method has yielded me and my patients such satisfaction I have determined to advocate its general use by the profession. Never having seen in print a description of this method of use combined with the acetic acid I claim originality as to this modification. I have never tried the insertion of peas of caustic potash, but I would unhesitatingly condemn it as unscientific. In this manner in a thin-walled abdomen perforation with fatal result is among the possibilities.

In conclusion, then, I would first call attention to the method—continuous and immediate action of the caustic potash until the desired result is attained and then neutralizing the alkali with C. P. acetic acid on the skin, or dilute acetic acid if on a mucous membrane, leaving the patient only when the caustic action has completely stopped; secondly, to the advantages—relief of pain, its bloodlessness, the perfect control of the operator over the extent of the caustic action, the simple after treatment, and the rapid recovery.

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Dr. Whittaker, of Cincinnati, claims that the presence of gallstones may be determined by the use of a long hypodermic syringe "with ease, impunity and almost unconsciousness."

## A CASE OF IODOFORM POISONING.

BY I. BERMAN, M. D., BALTIMORE, MD.

Ever since the antiseptic properties of iodoform in the dressing of wounds were first recognized, an acquisition to our therapeutical resources for which we have principally to thank Mosetig, of Vienna, it has been a constant theme of discussion in medical societies and journals. A great number of our surgical authorities have commended it in the highest terms, while others of equally good standing condemn its use entirely. In consideration of the still unsettled nature of the question, it becomes the duty of every one to report such experience as may throw light upon it, and for this reason I venture to publish the following accident, which happened to me while using it:

Mrs. M. had been affected ever since early childhood with chronic inflammation of the middle ear, originating at the age of six months from exposure to cold.

As is, unfortunately, the fashion with some physicians, even at the present time, the parents were recommended to leave the ear alone, as the child would outgrow it. It is a curious coincidence that usually such predictions fail to be realized, and when the more serious trouble, as caries (an almost infallible result of such neglect) begins to develop, with a very offensive discharge, then the specialist is consulted.

Such was the case with my patient, and having exhausted the usual applications, as nitrate of silver in various solutions accompanied by antiseptic injections, boracic acid alone, or with alum or oxide of zinc, etc., with the result of reducing the discharge to a few drops during the week, I began to look around for something to arrest the carious destruction of bone, which had located itself principally in the bony portion

of the meatus auditorius externus, immediately adjoining the tympanic membrane, beneath and in close contiguity to the horizontal or external semicircular canal.

I had tried insufflations of powdered iodoform into the ear before, with very unsatisfactory results, but reading the glowing reports of Mosetig of its splendid effect in affections of the bony tissues, I decided to try it here. The quantity I used was infinitesimally small—just so much as would adhere to a little ball of cotton dipped into the powder, which I applied, after having cleaned and dried the ear thoroughly. The patient complained only of the very uncomfortable odor, and asked me to remove it next day. Not feeling inclined to give it up upon this ground alone, I disguised the odor with tonka bean, and applied it again. It was left in the ear for three days, and when I removed it it did not appear that the slightest resorption had taken place.

The patient at this time complained that she had felt very drowsy for the last days, not connecting it in any way with the iodoform used. The result of the trial was not more satisfactory than in the case of the applications previously used, and to which I again resorted, having frequently experienced that it is a good plan to vary the remedy employed during the treatment of such cases, in order to avoid habituating the system to an agent and thereby impairing its curative virtues. I did, however, take note of the complaint about drowsiness, and was not much astonished when on repeating the iodoform application, the patient again mentioned the same circumstance.

The next day I was sent for in haste, and found my patient in a very alarming condition. She had just strength enough to tell me that she felt almost paralysed, and that she had very curious sensations in her ear. Her pulse was almost imperceptible, breathing very slow and superficial,

pupils widely dilated, and in a short time she became totally unconscious. I had brought my ear syringe with me and at once made injections of very warm water into the ear, the idea of iodoform poisoning presenting itself at once to my mind, together with the necessity for removing the iodoform still remaining in the ear.

The effect was almost instantaneous; breathing became more natural, pulse and color returned with consciousness, and in a short time the patient with the help of such stimulants as aromatic spirits of ammonia and brandy, was able, with assistance, to get up and retire to her chamber.

Next day, when I saw her, she still complained of great drowsiness, but was otherwise well. She slept, with few interruptions, all day and the following night. The second day she was entirely restored, the drowsiness having also disappeared, and she felt no unpleasant symptoms from the event which had occurred.

She then told me that before sending for me she had felt the whole day as if she had not entire command of herself, being frequently dizzy and having a constant desire to lie down and sleep. She then asked me of her own accord if I did not think it the result of the yellow powder I had used, as on the two former occasions when I had employed it she had experienced very similar sensations.

There can be no doubt that her surmise was correct, and I have felt very unwilling since to use iodoform with her, although the quantity employed seems, as I have stated, infinitesimally small by comparison with the enormous doses used by some of the advocates of the remedy. At the same time I have no doubt that hers is a case of iodoform idiosyncrasy which, had I not been summoned quickly, might have resulted fatally. I may add that as far as regards remedial effect, the iodoform proved absolutely useless.



## SOCIETY REPORTS.

## BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD MAY 8TH, 1882.

*(Specially reported for the Maryland Med. Journ.)*

The Association was called to order at 8 40 P. M., Dr. Christopher Johnston. President, in the Chair, and sixteen in attendance.

After the dispatch of routine business *Dr. Ellis* reported a case of RETROVERSION OF UTERUS, with slight prolapse, which gave rise to vesico-urethral irritation; this was relieved by correcting the displacement and using a Hodge's pessary.

FOREIGN BODIES RETAINED IN ALIMENTARY CANAL.—*Dr. Sellman* reported the recovery of the child whose case he had previously related. The child swallowed a quantity of beans, which were retained for six weeks producing enteritis with symptoms resembling those of tubercular meningitis. He thought it strange the beans should have been retained so long.

*Dr. Gilman* referred to a case where a tin whistle was swallowed, lodging in the œsophagus; it was thence pushed down into the stomach and passed *per anum* after six months.

*Dr. Stewart* had been called to see a child who had been under treatment by a homœopath for dysentery. This gentleman abandoned the case for some unknown reason; Dr. S. was then called and gave oil, causing the expulsion of two date seeds three weeks after they had been swallowed. To these the entire trouble was due.

*Dr. Ashby*.—Foreign bodies may be retained almost indefinitely.

CAN UTERINE AFFECTIONS BE SUCCESSFULLY TREATED BY GENERAL PRACTITIONERS OF MEDICINE?—*Dr. Sellman* opened this subject with a paper. The author said that a vast majority of the profession fail to diagnose and consequently to treat these affections correctly. Only recently they have begun to receive proper attention. The course of such cases has been pretty uniform: failure to obtain relief from the family physician, resort to quack remedies,

aggravation of the trouble, despair of relief. All physicians are not adapted to be gynecologists; special qualities, both physical and mental, are needed. Besides, the field of medical science at this day is too wide to be thoroughly explored by one individual. Two cases were cited in support of the author's views: 1. A woman called upon a general practitioner with a history of confinement six months before, of headache, backache, loss of strength, scanty flow of milk, pain about the hips and leucorrhœa. Tonics, good diet and change of air were ordered. These not giving relief he examined her, using a cylindrical glass speculum and an antiquated probe which he failed to introduce. He applied the solid stick of nitrate of silver as far within the cervical canal as he could introduce it and also around the os. His diagnosis was ulceration of the os which he promised soon to cure. The applications were repeated every ten days for three months, by which time the discharge was somewhat controlled and the symptoms alleviated to some extent. Treatment was suspended, but three or four weeks later the patient was as badly off as ever or possibly worse, for the temporary cessation of the discharge had been secured by the destruction of the secreting glands of the cervix. She then consults a "gynecologist" who makes a thorough examination by the touch and speculum; he finds his probe to enter a subinvolved uterus with a cavity 6½ inches in depth. He makes proper fluid applications by wrapping absorbent cotton on an applicator; he gives ergot to reduce the size of the uterus, and applies an Albert Smith pessary to relieve the weight of the organ. Permanent relief is secured after a few visits, followed by complete cure. The family physician failed to make a correct diagnosis, failed to fulfill his promise of a cure; he has lost the confidence of the patient and her family, and will in all probability never be called in again.

2. A general practitioner is called to prescribe for a young lady with headache, backache, pain around the hips, leucorrhœa, sleeplessness, bad spirits, nausea, pain on locomotion, and amenorrhœa,

He recognizes the presence of some uterine disorder, but realizing that he does not possess the proper appliances for diagnosis and treatment he calls in a gynecologist, who finds a displaced uterus with flexion of the cervical canal. The displacement is corrected by the insertion of a pessary, applications are made to the congested uterus, and in six weeks the patient declares herself to be perfectly well. In this case the family physician retains the confidence of the family, who recognize that he is guided more by the desire to secure relief for his patient than to secure fees. The author concluded with the statement "that no man is justifiable in undertaking the cure of a disease unless he is provided with the proper knowledge and appliances to secure the most favorable results."

*Dr. Ellis* said a physician should be able to diagnose an ulceration or displacement of the uterus as well as a diseased liver or lung. The comparison was not fair, as an ignoramus was compared with an expert. Physicians now do not use the solid nitrate of silver in such cases. In other fields, as surgery, special cases require consultations. Why was it strange that they should be demanded here? A general practitioner should be as well posted here as elsewhere, and as competent to treat ordinary cases.

*Dr. C. H. Jones* said according to this idea there was nothing left for the general practitioner to do. It will be presently said he is not competent to diagnose pneumonia. The picture had been overdrawn. The field of general practice was too restricted.

*Dr. Price* wished to know if gynecology was a sealed book. The diseases in question are easier to diagnose than those of internal organs which are inaccessible.

*Dr. Ashby* quoted Hodgen's saying that a specialist should be a physician and something more.

*Dr. Sellman* replied that many general practitioners have not the latest works on gynecology, and if so they read them very carelessly. The operations recommended they have not the skill necessary to perform.

*Dr. Browne* could not see why gen-

eral practitioners cannot recognize ordinary uterine diseases; they are as easy to recognize as those of the nose, throat, etc. The general practitioner was competent to recognize and treat most of the diseases of the uterus. Their recognizing lacerations of the cervix throws cases into the hands of the specialists because they do not operate in these cases.

*Dr. Ellis* said there was the same reason to demand that general practitioners recognize diseases of the uterus as those of other organs.

*Dr. Sellman* said there were exceptions to every rule; in general, uterine diseases cannot be successfully treated by general practitioners.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 17, 1882.

(*Specialty reported for Md. Med. Journal.*)

I. EDMONDSON ATKINSON, M. D., President, in the Chair.

PROLAPSE OF LARYNGEAL VENTRICLES.—*Dr. J. N. Mackenzie* read a paper with this title (an abstract of which appeared in this journal for April 1st, 1882).

*Dr. J. D. Arnold* had never seen a case of dislocation of the sac, but had seen a case of mistaken diagnosis, in which a retention cyst was mistaken for the condition in question. In the anthropoid ape these spaces are large pouches which are filled with air and give rise to the characteristic noise made by those animals.

*Dr. H. C. McSherry* said that if the function of the sacculi is, as is believed, to serve as reservoirs of fluid, the treatment by astringent applications does not seem to be a good one. It was better to return the ventricle and, if necessary to keep the larynx quiet, he would perform tracheotomy or laryngotomy. This treatment was certainly worth trying.

*Dr. Mackenzie* said *Dr. Lefferts* states that after removal of both ventricles the cords are none the less moist. He did not see what advantage laryngotomy offers. He favored removal of the ventricles.

NEURITIS.—This subject was opened by *Dr. Miles*. He said that absence



from the city had prevented the preparation of a regular paper. The subject was an important one, and had but recently been brought prominently to the notice of the profession. He wished to call attention to a form of the affection in which, though mixed nerves are affected, we do not have that amount of pain which we might reasonably expect. The patient was here exhibited. He was a man who had been first attacked with numbness of the lower extremities followed by atrophy. The arms next became affected. The faradic current produces the slightest contraction which indicates either that disintegration of the spinal cord has taken place or that we have to deal with a poliomyelitis. Both of these affections are incompatible with the persistence of sensation which is found here. This, then, is a case of neuritis. Many cases of so-called neuralgia, rheumatism, and wasting of the limbs, are in reality neuritis. These same muscles reply to the galvanic current. Dr. M. also exhibited another patient with lead paralysis, which he considered to be of spinal origin. This patient presented a contrast to the other, and the two exhibited well the diagnostic features of the two forms of paralysis. Dr. M. regarded the prognosis in the case of neuritis as favorable. Large doses of iodide of potash in the beginning had done good. The use of the constant current is a powerful means of improving the condition.

*Dr. Theobald* said in optic neuritis the biniodide of mercury is used with the best effect.

*Dr. Miles* would only use mercury when there was a syphilitic taint. He never used the galvanic current in these cases more than once in the twenty-four hours. It should be continued for five or ten minutes, and its strength should be regulated by the pain and muscular contraction.

*Dr. Coskery* wished to know whether there was any traumatic history in the case.

*Dr. Miles* said no. In cases of traumatism, moreover, the sphincters would be involved.

*Dr. Chambers* wished to know whether there was any elevation of temperature,

to which a negative answer was returned.

**LITHOLAPAXY.**—*Dr. Tiffany* exhibited the fragments removed by crushing at one sitting. The patient was *æt.* 67 and in feeble health. He had had symptoms of the trouble for fifteen years. He had been confined to bed for a month previous to the operation. He was unable to pass his water, which required to be drawn by the catheter. His urine contained blood, pus, hyaline and granular casts. His bladder was washed out with water and quinine administered for two weeks before the operation. The patient had a succulated bladder which occasioned some difficulty. He left hospital on the seventh day after the operation. The stone weighed one ounce and twenty grains. The evacuating tube employed was No. 27 French, to admit which the meatus had to be enlarged.

The operation lasted one hour and twenty minutes. This was the fourth operation Dr. T. had performed, the ages being respectively 54, 67, 46 and 47. He pronounced lithotomy in the adult a thing of the past and only reserved for those cases where crushing could not be done.

*Dr. Coskery* believed Bigelow's operation would be the operation of the future. The size of the stone and tube should be taken into consideration. Large stones and tube's demand caution.

**LITHOTOMY.**—*Dr. Winslow* exhibited a calculus, which he had removed in North Carolina last week. The patient was 12 years of age, and was supposed to have had the stone for ten years. For one year he had not been able to pass his urine standing. The calculus consisted of oxalate and carbonate of lime.

*The Chair* remarked that the objection to the operation of litholapaxy was not a valid one; size and hardness were not to be considered as objections.

*Dr. Bermann* exhibited microscopic specimens—normal and pathological—of the tissues of the eye.

*Dr. Coskery* exhibited a specimen of ANEURISM OF THE THORACIC AORTA, which had burst into the *œsophagus*. The patient, a man, had been in the hospital nine days. He was found lying on

the floor and soon after died. The aneurism had evidently existed for some time, although it was not recognized during life. Ulceration of the vertebræ had occurred, due to the pressure of the sac.

## BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD FEB. 7TH, 1882.

(Specially reported for Md. Med. Journal).

S. C. CHEW, President in the Chair.

PIECE OF CORNSTALK SHELL, WHICH HAD BEEN MISTAKEN FOR NECROSED BONE, REMOVED FROM THE NOSE.—*Dr. Chisolm* reported the case of a child brought to the Presbyterian Eye and Ear Hospital one week ago, in whom a loose fragment, supposed to be bone, was found in the nose. The child had an extremely florid appearance, and appeared to be otherwise perfectly healthy. The physicians at the hospital diagnosed necrosis of the nasal bones, but in view of the healthy appearance of the patient and the length of time during which the symptoms had existed (thirty of the thirty-six months of his life) *Dr. C.* entertained doubts upon the subject. Chloroform was administered and a twisted-up piece of the outside shell of a cornstalk was extracted. In this case the discharge had been sometimes offensive sometimes bloody. The substance felt hard and grated under the probe like bone.

In a second case related, *Dr. C.* had extracted from the same situation a prune stone which had been introduced two years before.

BROMIDE OF ETHYL ANÆSTHESIA.—*Dr. Chisolm* said this agent was excellent for office practice and small operations. One drachm puts the patient to sleep. The anæsthesia is temporary, and the operation being over, patients go out feeling all right. He had been using it for a year and a half, and had in this time certainly given it over 100 times. There is no danger if it be not used too freely. No nausea nor torpidity follows, and five minutes after the patients get on the table they are often quite

themselves again. *Dr. C.* administers it with a tin cone, in which the end is corked up.

FATAL STRICTURE OF OESOPHAGUS. *Dr. Powell* related the case, which occurred in a gentleman, æt. 75, in feeble health from one to two years. The trouble began last September with entire inability to swallow. *Dr. Donaldson* was called in about the middle of November, when probing elicited about the level of the clavicle a spasmodic stricture. Under the use of probangs the difficulty seemed to disappear, but another stricture developed lower down through which *Dr. P.* could never pass a probang. This was probably malignant, although the family history gave no support to such an opinion. For thirty days previous to death no liquid was swallowed, the patient being nourished solely by enemata of milk, egg and whiskey, given every four hours. Under these the patient continued well and without much emaciation; but his bowels became so irritable that he could not retain the enemata, and then he sank rapidly. This patient never experienced any pain, never ejected any blood.

EYE-HEADACHE.—*Dr. Chisolm*, called attention to a class of astigmatic troubles due to excessive eye-effort, and related in illustration the case of a young lady seen to-day who does not remember a day when she was free from headache; all her life she has had it and no treatment has relieved her. Yet the first instillation of a four-ounce solution of atropia put an end to it by correcting the astigmatism upon which it depended. The pain is not limited in these cases but may extend to back of head, neck, upper extremities. Astigmatic glasses are required.

SMALLPOX AND VACCINATION.—*Dr. Conrad* read a paper with this title (See MD. MED. JOUR., March 1st, 1882).

*Dr. McSherry* spoke of the slow action of the bovine virus. In primary vaccinations in children he had found no effect after 7 or 8 days, and would have re-vaccinated them if he had had the matter with him. A day or two after he found the vaccinia commencing.

*Dr. Powell*—with reference to the influence of vaccination on pregnancy—



stated that he had vaccinated a lady at about the 8th month who had since been confined naturally.

*Dr. Conrad* referred to an infant at the Quarantine Hospital, and constantly exposed to smallpox, whom he had vaccinated every week for two months before he succeeded in communicating vaccinia.

*Dr. McKew.*—Of 300 cases in the last two months but one child was insusceptible to vaccination. This was a baby vaccinated with Martin's lymph; two other children in the family took and *Dr. M.* afterwards vaccinated the baby successfully with lymph from the arm of one of these. He now never goes to look at a primary vaccination until the 8th day when he generally finds a vesicle; formerly with the humanized lymph he went on the 4th or 5th day.

Bovine vaccination is much more destructive, suppuration extends deeper, sloughing is considerable, and keloid scars are common. Not one presented foveations, although the vesicle is perfect. He had not once during the present epidemic seen a successful revaccination. In a family next door to where there had been a case of small pox all the members were vaccinated by the city vaccine physicians; a child of 3 years, who did not take subsequently developed confluent small-pox. All the family were again vaccinated except the mother; within a week she had discrete variola. Are we not too exclusive in our selection of vaccine virus? In view of the excessive irritation, the bad cicatrix, the tardy development of vaccinia, etc., from the bovine virus, would it not be better to use the humanized virus?

*Dr. J. Carey Thomas* had seen repeated cases of genuine revaccination, as evidenced by the vesicle, areola, umbilicated crust, pitting, etc. He was astonished at the statement made by *Dr. McKew.* He had not seen the severe effects from bovine virus alluded to by him.

**LEGALIZED PROSTITUTION.**—*Dr. J. C. Thomas* asked the attention of the Academy to the bills proposed by the Special Committee on the Prevention of Venereal Diseases of the Am. Pub. Health Ass'n. (See MD. MED. JOUR.

January 15 and Feb. 1, 1882). He dwelt upon the enormities of the acts; instead of preventing, such action simply increases the amount of indulgence and disease. Five years ago a commission was appointed in Paris to carry out the same purpose, but it was abolished by the municipal council of that city on the 1st of January of this year having signally failed. In the British army the amount of syphilis has increased under similar conditions. No action had been taken on the reports by the Am. Pub. Health Ass'n and according to good authority it was not likely to be. *Dr. Thomas* then offered a resolution protesting against the passage by the Legislature of any bill regulating the examination and registration of prostitution, which was adopted without dissent.

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## CORRESPONDENCE.

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BALTIMORE, July 25th, 1882.

*To the Editors of the Md. Med. Journ.:*

If you and your readers are not already out of patience with the discussion on the regulation of prostitution, I crave a little more space in order to set myself right with Prof. Richard H. Thomas, who replies to my criticisms on his position, in the JOURNAL for July 15th.

In the first place, Prof. Thomas objects to the testimony of the St. Louis brothel keeper, whose letter I gave in my communication (June 15), because "the letter is unsigned and the author unknown." I have the name of the writer of the letter, and she was pretty well known to the officials of St. Louis eight or nine years ago. My reasons for suppressing the name at this time, when her mode of life may be different from what it was then, will be evident on a little reflection.

That all testimony is not evidence, I am aware, as Prof. Thomas surmises. It would have been well if Prof. Thomas had remembered this before introducing the testimony of Dr. Ladame or Dr. Nevins as evidence. Neither of these gentlemen have any knowledge of the working of the regulation system from personal observation. At least, my impression is (I cannot refer to my authority just at present) that both admitted as much when pressed to an answer. While quoting M. Lanærs as denying the effectiveness of the measures in force in Brussels, he fails to give the testimony of Dr. Schœnfeld, of that city, who has been an examiner (inspector) under the law for eighteen years, who is convinced of the utility of its measures, and who stated in the International Medical Congress that for twenty-five years syphilitic affections "have diminished in a very great proportion in that city."

Prof. Thomas says I have hinted that he garbled or twisted Dr. Gihon's tables, and refers to his tables in this journal for May 15th, to show that he did not do so. I merely add one reference to this, viz: Dr. Gihon's tables in the JOURNAL for March 15. A careful comparison will convince anyone that I did not treat Prof. Thomas unfairly.

I admit that I confused M. Lanærs with Dr. Nevins when I charged Prof. Thomas with adopting another sample of the remarkable logic, for which the English opponent of the contagious diseases acts is noted; but I repeat that Prof. Thomas "adopted out of hand a very lame bit of logic" from Dr. Nevins upon the effect of the examinations of the men at subjected and unsubjectd stations.

Dr. Nevins' explanation is as follows: "In the subjected stations extraordinary precautions, quite independent of the Acts, have been taken to prevent the spread of disease, while they have been entirely neglected in

the unsubjected stations. The precautions consist in the examination of every soldier coming into a subjected station, to ascertain if he has venereal disease, in which case he is sent to hospital in order to prevent his infecting the women and thus spreading disease; while no such examination of the soldiers is made on their coming into an unsubjected station, but they are allowed to spread disease without any check."—*The Sanitarian*, Oct., 1881, p. 444.

Prof. Thomas' explanation:

"But we must not forget that at the subjected stations, in the army, all the men on coming to the station are examined and detained till well, in the hospital. If they are absent more than three days from the station this is repeated. There is no law for this, and it is not done at the unsubjected stations, and so the protected stations have an unfair advantage as disease is more readily discovered in the male."—*This Journal*, May 15, 1882.

I believe that the explanation I have given (this journal, June 15) is more nearly correct than the above.

Thanking you for your courtesy in granting me the necessary space for this reply, I would ask the privilege at some future day, when I have completed some new evidence which I am now collecting, of giving the same to the medical public through the columns of your journal. Until then I must be permitted to decline to continue the present discussion.

Very truly yours,

GEORGE H. ROHÉ,

95 Park Avenue.

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PROF. RICHARD VOLKMANN, of Halle, the head of the "Young German School" of Surgeons has been tendered the vacant Chair of Langenbeck.



## REVIEWS, BOOKS & PAMPHLETS.

*Transactions of the Medical and Surgical Faculty of Maryland.* Eighty-fourth Annual Session held in Baltimore, April, 1882. 8vo. Pp. 248.

Except that of 1881 this is the largest volume of Transactions ever issued by our State society; but the Transactions of last year were phenomenal in that they contained the addresses connected with the Sesqui-Centennial celebration of Baltimore, occupying nearly 150 pages, and other matter that can appear but once in many years. The present volume retains most of the features of its predecessors, of which it is in merit at least fully the equal. A noticeable feature is the excellence with which the printer's work has been done and the singular freedom of the pages from typographical errors. The Publication Committee has wisely prefixed some very much needed directions in regard to the preparation of manuscript for publication, and the mode and form of applications for membership; also a notice of the resolution passed in 1877 prohibiting the publication of papers previously read or published. The minutes, and reports of officers and committees occupy fifty pages—about one-fifth of the entire volume; this is due to the fact that most of the business of the year is transacted at the annual meetings; there were also several important reports made at the recent meeting, as those of the Memoir, Nurses' Directory and Library Building Committees. The addresses, reports of sections, invited and volunteer papers comprise the remainder of the contents, making 181 pages. The President's address and the annual oration occupy twenty-four pages. Of the sections, but one, that on Microscopy, Micro-Chemistry and Spectral Analysis failed to report; but the report of the Section on Materia Medica and Therapeutics is also want-

ing, having been withdrawn by the Chairman for reasons not stated.

The reports of the sections (occupying 120 pages) are clever and contain much original work and observation; that on Obstetrics contains a resumé of the most valuable contributions made to the section during its sessions last winter, whilst that upon Sanitary Science is chiefly devoted to matters of special interest to physicians and sanitarians at home. The "Invited Papers" (29 pages) contributed by members of the Biological Department of the Johns Hopkins University describe original researches of great interest and add materially to the value of the volume. But one "Volunteer Paper" is contributed, in which the author undertakes to show that the diphtheritic aphthous ulceration in the larynx, trachea and bronchi, occurring in the course of phthisis, is due to the corrosive action of the sputa although not yet proven to be specifically tubercular. The volume concludes with a list of the 29 Presidents, the 229 active and 12 honorary members, the delegates, the "Rules for the Government of the Library" and the amendments to the constitution adopted since 1878. In some respects this volume marks an epochal period in the history of the Faculty. It records the inception of the Nurses' Directory, and the plan for the erection of a library building, the adoption of measures providing for the permanent support and maintenance of the library and the quiet settlement, once for all and for ever, we may hope, of the color question. Scarcely in the history of the society have measures of more importance than these been acted upon.

In conclusion, we would say that whilst this volume is highly creditable to our Maryland profession, it hardly meets our ideal of what we should have. Perhaps our ideal is too high; we grant the possibility, at the same time we are painfully conscious that

some of our best workers withhold their most valuable contributions from the Faculty's meetings, preferring to publish them in the medical journals of large circulation in New York and Philadelphia. Moral influence will to a considerable extent overcome this disposition, and we can do something also by excluding indifferent matter from our Transactions and making it a high honor to have one's writings appear in them. Of one thing we have no doubt, and that is the assured prosperity of the Faculty; and hence it is only a question of a few years (at the rate at which professional matters are now progressing in our midst) to see our highest aspirations in connection with the work of the Medical and Chirurgical Faculty of Maryland amply realized.

*The Medical Chronicle.* A monthly medical journal. Edited by GEORGE H. ROHÉ, M. D. Vol. I. No. 1. August, 1882. 8vo. Pp. 24.

This is the title of a new medical journal which has just made its appearance in Baltimore. The editor is Professor of Hygiene and Clinical Dermatology in the College of Physicians and Surgeons and well known in our midst for his literary ability and professional zeal, and we know of no one better qualified for the editorial management of a medical periodical. The original department of the first number contains an article by Prof. John S. Lynch on "The Conflict of Rational, Scientific Medicine with Homeopathy," and a lecture by the editor entitled "Some Points Concerning Anesthetics and Their Administration," the latter to be continued. Dr. Lynch urges, in view of the success and popularity attained by homeopathy and other irregular systems of practice, that it is the policy of the regular profession to offer them inducements to join us by a reduction of lecture fees and by allowing them to obtain our degree after attend-

ance upon but one course of lectures. A special feature will be the appearance each month of a "chronicle" of the year's work in some department of practical medicine; in the number before us this department is devoted to surgery and is prepared by Dr. J. H. Branham. The get-up of the journal, as to paper and type is good, but an index seems to have been overlooked as we fail to find any in the number.

*Combined Intra-Uterine and Extra-Uterine Twin Pregnancy, with an Analysis of Twenty-Four Cases.* By B. B. BROWNE, M. D. (Reprint from Gynecological Transactions, 1882). 8vo. Pp. 19.=*Report on Ophthalmology.* By JULIAN J. CHISOLM, M. D. (Reprint from Med. and Chir. Faculty of Md. Transactions, 1882). 8vo. Pp. 15.=*The Drinking Waters in Maryland, Considered in Reference to the Health of the Inhabitants.* By W. C. VAN BIBBER, M. D. (Reprint from do.). 8vo. Pp. 21.

## EDITORIAL.

SMALL-POX IN THE 17TH, 18TH AND 19TH CENTURIES.—As bearing upon the question of the protective influence of vaccination, and the movement which has been started in England for the abolition, professedly, of compulsory vaccination, but really of all vaccination, a paper recently read before the Statistical Society by Dr. Guy, F. R. S. (epitomized in the *Lancet*), and entitled "Two Hundred and Fifty Years of Small-Pox in London," is of interest. The tables prepared from materials laboriously collected by this gentleman show that—a 10 per cent. mortality representing an epidemic—there were ten epidemics in the 17th, thirty-two in the 18th, and none in the 19th centuries. The death-rates of the same periods ranged from 298 to 124, 15.32 to 184, and 0.56 to 98 respectively. That the



decreased death-rate observed could not be due solely to improved sanitary conditions is shown by the fact that there has been a marked increase in the mortality of whooping cough and measles, diseases of the same nature. These figures prepared with great care afford most convincing proof of the value of vaccination. Dr. Guy offered the following explanation of the so-called epidemic of 1871, upon which so much stress has been laid by the anti-vaccinationists, as indicating the failure of vaccination as a preventive measure:

"That atmospheric condition, whatever it may be, to which our epidemics are due, was so favorable to attacks of small-pox that the barrier of vaccination, though effective in ordinary years, proved insufficient in this; the more and the less susceptible were alike seized and the population swept clear for a time of almost all possible victims. Then vaccination, a protective in ordinary seasons, resumed its sway and almost brought about the cessation of the small-pox." This explanation is, perhaps, rational enough, but it does not seem to us necessary to invoke any such extraordinary circumstance to explain a susceptibility which experience and reflection will doubtless convince us must, under the most favorable circumstances, be widespread in every community. The dream that small-pox was to be stamped out by vaccination has long since vanished before the inexorable light of practical experience.

**BROMIDE OF ETHYL ANÆSTHESIA.**—Whilst the fatal results of the use of this agent in the hands of Drs. J. Marion Sims and R. J. Levis seem to have given it its quietus elsewhere, it has been and is still employed by one of the boldest of our Baltimore surgeons with increasing satisfaction and entire freedom from unpleasant sequelæ. Dr. Chisolm, in the numerous operations about the eye per-

formed at the Presbyterian Eye and Ear Hospital, finds it admirably adapted where a transient anæsthetic effect is desired owing to the rapidity with which unconsciousness and return of consciousness are secured by it. Were it free from risk it would find a special adaptation in dispensary practice. But, as Squibb has pointed out, it contains about seventy-five per cent. of bromine, an irritant poison, and is furthermore easily decomposable, and hence the risk seems unavoidable. Still Dr. Chisolm's large and increasing experience—and experience is the only guide in such matters—seems to justify him in his employment of it in the way and for the purposes stated.

**BILLROTH AND THE VIENNA STUDENTS.**—The declination of Prof. Billroth of the Chair of Surgery in Berlin, made vacant by the resignation of Langenbeck, was the occasion of a great celebration by the students of the University of Vienna, in his honor, on the 22nd of June. At noon on that day the great hall of the Academy of Sciences was crowded with members of the various faculties, docents, physicians and friends of the distinguished surgeon, together with more than a thousand medical students. After the singing of the "*Gaudeamus*" by a chorus of academicians, an address was read by one of the students in behalf of his comrades expressing admiration and affection for the great teacher and satisfaction at his determination to remain amongst them. This address contained 2,000 signatures and concluded with the words: "*Billroth noster vivat, floreat, crescat!*" When the stormy applause with which the meeting expressed its approbation of the language of the address had subsided Billroth arose and made an admirable reply in which he modestly disclaimed having done anything great or wonderful; he said that he regarded himself as belonging to them and to Austria and had long since given up

the thought of ever parting from them. He declared that it was the highest honor of his life to have been selected by his inimitable master Langenbeck from his many pupils as his successor. He had felt special pride in having been permitted to instruct so many foreign youths and thus to unite, by the ties of science and art, the nations in common efforts for the highest aims. In the evening a torch-light procession, comprising 1,200 torch and lantern bearers, marched to Billroth's residence, where an immense concourse of people had collected and sang several songs, being also again briefly addressed by him. The enthusiasm which characterized these festivities was immense and probably such as only Germans can display. However it was hardly misplaced in this instance for Billroth is doubtless the greatest—as he certainly is the best known surgeon of his day.

### MISCELLANY.

LUSK ON TARNIER'S FORCEPS.—“All I hold concerning Tarnier's instrument is this: that whenever the pelvis is moderately contracted, or circumstances are such as to demand the immediate delivery of the child when the head is at the brim, and you are obliged to apply the forceps inside the uterine cavity, there is an advantage in using the axis traction instrument. It is only in difficult cases and under these circumstances that I shall recommend the use of the instrument.”—*Trans. Am. Gynecol. Soc.*, 1881.

DIAGNOSIS OF UTERINE DISEASE BY THE LARYNGOSCOPE.—Dr. Seiler was consulted by a young girl with general relaxation of the mucous membrane of the throat, which he concluded to be due to uterine disease, for which he advised her to put herself under the treatment of her family physician, as local treatment of the

throat would be of no use to her. Her reply was: “Doctor, if I had known that you could see all the way down I would not have come to you.”

JOURNAL OF CUTANEOUS AND VENEREAL DISEASES.—This is a new candidate for professional favor, to be published in New York by Wm. Wood & Co. The first number is announced to appear in October, 1882. The numbers will be issued monthly, each containing 32 pages 8vo. Drs. Henry G. Piffard and Prince A. Morrow are the editors. Subscription price \$2.50 per annum.

LOCOMOTOR ATAXY OF SYPHILITIC ORIGIN (SPECIFIC TABES).—Vulpian thought that about forty per cent. of cases of locomotor ataxy were of syphilitic origin; Fournier has just demonstrated that far from being exaggerated, this statement is rather below the truth—in nearly all he finds a syphilitic source. The practical results of this view are embodied in the following conclusions:

1. In a case of locomotor ataxy seek carefully for syphilis.

2. If this diathesis exist institute severe and prolonged treatment. Endeavor to surprise the commencing tabes, and watch the least symptom which can indicate its invasion.

3. The fear of ataxia later ought to be considered in the treatment of the initial stage of syphilis, which ought to be treated for a long time energetically.—*Gaz. Hebdomadaire* and *An. de Dermatol. et Syphilog.*

SPONGE GRAFTING.—Mr. Rhodes, of the Huddlesfield Infirmary, has submitted a patient to this process (invented by Dr. Hamilton and described in a previous number of this journal) with success. A boy had an ulceration on his face 4x2 inches and  $\frac{1}{3}$  inch deep. A slice of sponge was prepared according to Hamilton's directions and applied to the surface,



The eighteenth day after it had disappeared except some very small particles, and in its place a mass of healthy-looking granulations could be seen projecting above the level of the skin. Four days later the patient was discharged with wound nearly cicatrized.—*Ed. Med. Journ.*

**LARGE DOSE OF CHLORAL.**—The *Chicago Med. Rev.* reports a case where a patient with epileptic mania took one ounce of chloral hydrate. After some time the stomach pump was resorted to, and hypodermic injections of whiskey and strychnine were administered. The patient sank in a few minutes into a deep slumber which lasted forty-eight hours. On the third day a vivid scarlatiniform eruption appeared over the whole body, which fully desquamated within two days. Otherwise no unpleasant results followed except marked tenderness, for a long time, of the buccal mucous membrane. The fits were less frequent after the accident.

**GEOGRAPHICAL AND CLIMATIC RELATIONS OF PNEUMONIA.**—Dr. E. Sanders of New York, in an elaborate statistical paper on this subject (*Am. Jour. Med. Sciences*, July 1882), draws the following conclusions: 1. That increase in elevation above the sea-level is accompanied by steady diminution in the death-rate; 2. There is no relation between pneumonia and the amount of rainfall; 3. The pneumonia mortality corresponds with the general mortality; 4. and with population; 5. and with high mean annual temperature; 6. Proximity to lakes, seas and ocean has no bearing; 7. In North America pneumonia increases from east to west; in Europe the reverse; 8. It increases in frequency from the poles to the tropics—up to a certain parallel, when it becomes less and less common, apparently disappearing at the equator.

**FOREIGN BODIES IN THE AIR PASSAGES.**—*Elsberg* (*Archives of Laryngology*, July,) is the author of the following maxims: 1. A person with a foreign body in the air-passages should never be left without medical aid; 2. Medical treatment is, in most cases, insufficient—emetics are dangerous; 3. Expert laryngoscopic procedure for removal should be had whenever possible; 4. Prophylactic tracheotomy should be performed at the slightest indication in every case in which immediate removal is impossible; 5. Procedures dangerous and often unsuccessful before tracheotomy can, if needed, be safely resorted to and with increased chances of success after; 6. For impacted foreign bodies which cannot be removed *per vias naturales*, if not lower down than the superior laryngeal cavity, subhyoidan pharyngotomy and if lower down either high or low tracheotomy, instead of thyrotomy, are the preferable operations for extraction.

He especially insists: 1. That every physician ought to acquire a sufficient degree of familiarity with the use of the laryngoscope to apply it in cases of foreign bodies in the air-passages; 2. That every physician, whether he be a general practitioner or a specialist in any department of medicine or surgery, ought to be prepared and willing to perform tracheotomy in every urgent case.

**EXTIRPATION OF KIDNEY—ANALYSIS OF ONE HUNDRED CASES.**—Nephrectomy is still upon trial, both as to the best method of performance and the diseased conditions indicating it. With regard to some of the diseases of the kidney we may say without hesitation that the operation is demanded and promises well as to the prospect of recovery and the permanence of relief obtained. But there are other conditions, in which operations have been performed, under cir-

cumstances of very doubtful utility. We are not prepared by evidence of final results, to recommend the operation in cases of renal sarcoma in childhood, where at best the temporary relief is but a poor return for the risk, suffering and perhaps parental anxiety in the case. The same opinion in a modified form will hold good with regard to tuberculosis, which if primary in one kidney is not likely to remain long confined to it, or to be eradicated by its removal. Of four cases, two recovered, and one of these survived for four months; the fate of the last one, a girl of seven years of age, will be of some interest. She was operated upon fifteen months ago. In cancerous and scrofulous subjects there is but little hope of being able to prolong life beyond a limited period. In hydronephrosis, pyonephrosis, calculous pyelitis, with or without fistula, and painful floating kidney, there may be entertained strong hopes of final success.—*R. P. Harris, Am. Journ. Med. Sci., July, 1882.*

**REGULAR AND IRREGULAR MEDICINE.**  
—If medicine is a science at all, then there can be only one science of medicine, as there can be only one science of mathematics or chemistry or biology. Although Comte places medicine low in the ranks of sciences, on account of its dearth of large generalizations and of established principles, he, nevertheless, admits it into the hierarchy of sciences; for he discerns in the cultivation of allied departments, which form the foundation and auxiliaries of medicine, the true scientific method.

The theory and practice of medicine can claim a scientific basis only when built upon observation and experiment, when it commences with the inductive process and then utilizes the results of the latter for deductive purposes. So-called special systems, in which the history of medicine abounds, abandon this slow, tentative

work, and seek in the domain of hazardous speculations for a shorter and quicker route to the desired goal. In this effort, the founders of "pathies" are urged on by the consideration that to cure disease is a practical necessity that cannot wait for the fruition of scientific research. Unfortunately, that branch of medicine which concerns itself with the selection and application of certain substances and agencies for the relief and cure of diseases is the most backward of all the different departments of medical study. The enlightened and conscientious physician, who frequently knows perfectly well what is wrong with his patient, but too often has to deplore the inadequacy of his therapeutical means to fulfil the indications of treatment. Besides, the inquiry into the powers and value of a reputed remedy, is beset with almost insurmountable difficulties; for errors of *post hoc ergo propter hoc* can hardly be eliminated from it. Suppose a patient recovers from a disease, who had been submitted to a certain plan of treatment, how are we to tell whether the recovery was effected by the remedy or happened in a natural way? The acute diseases are self-limited, and have a tendency to spontaneous recovery. A vast number of other morbid conditions are only exceptionally fatal. It is evident that, at least in these classes of cases, nothing can be absolutely determined concerning the curative powers of any remedy; but what a wide field does this open to the pretender, the impostor, and cheat, and what false inferences will be drawn by the advocates of some pet "pathy," who see in the recovery a confirmation of their faith! And, in truth, how great is the temptation to credit drugs with virtues for no other reason than that persons got well after they had taken them!

Many of those special systems of medicine have been reared upon just such fallacious reasoning, and homœ-



opathy is the latest of them. Criticism is silenced amid the shouts of happy convalescents, who fancy they escaped death under the auspices of globulism. It appears as if sickness levels all understandings. Pericles, the Greek of the Greeks, who could command the best medical talent of Athens, gave himself up to the charms and notions of his old slave woman when he was taken ill. The Æsculapian priest could triumphantly point to the thousands of votive offerings hung up in the temple by invalids in gratitude to the healing God, whatever the sceptical Hippocrates may say to the contrary. The Father of Medicine would undoubtedly have smiled had he been assured that the ten millionth of a grain of pulsatilla cures diphtheria. Perhaps some forward Athenian journal would have accused him of Bourbonism, and teased him because he could not put himself "in harmony with the spirit of the age." But it is said that "a good proportion of intelligent people employ physicians of the homœopathic school." When Dr. Forbes visited Paris, in 1842, he was told of the astounding medical virtues of a nostrum which was all the rage with the *élite* of the city. The irrepressible Englishman, by means of a handful of francs, got hold of the formula of this wonderful nostrum, and what was it? O ye shades of Galen and Sydenham! A decoction of flint stones!—*Dr. A. B. Arnold in Boston Index.*

**VACCINATION AFTER THE ONSET OF SMALL-POX.**—Bring three children into a room with small-pox; let one be properly vaccinated first, the other two not at all. In twelve days or so the two unvaccinated will show symptoms of small-pox; then let one of them be vaccinated properly. From my own experience, I can confidently predict this result: The vaccinated child will escape; the other two will take the small-pox; they will seem to have it equally badly, but after the

eighth day the child vaccinated (while the seeds of small-pox were in him) will suddenly recover and ask for food; the unprotected child will then begin to be in greater danger. A tramp brought a child to my surgery lately. The rash was in the first day's stage. It had never been vaccinated, so I did it at once. The child was dangerously ill afterwards, and we all expected it to die. The vaccination seemed to outrun the small-pox, and the child suddenly began to improve after the eighth day. I could quote many such cases.—*A. T. Brett, M. D., Public Vaccinator, in Lancet, July 15.*

**DEATH FROM ETHER.**—A case of death from the inhalation of sulphuric ether is reported by Mr. Lawson Tait in the *Brit. Med. Journ.* of July 15th. The patient, æt. 45, had a large uterine tumor and was extremely anæmic and feeble. The ether employed was from May & Baker, of London, and is described as "absolute anhydrous methylated sulphurous ether." Less than 3ss was put on the sponge of an Ormsby's inhaler, and the instrument was placed on the face with the air-valve open; about two minutes after the valve was closed the pulse ceased, but breathing continued regular and deep. The inhaler was removed but artificial respiration, inversion, etc., failed to revive the patient. The operation had not been commenced. The heart was found to be remarkably small, weighing but 3iv; the right side was filled with clot, the left empty. Dr. T. regards the death as due to asphyxia produced by the inhaler. He prefers, and it has always been his habit until recently, to drop the ether outside a single layer of towel spread over the patient's face.

**SANITARY CONDITIONS IN SURGERY.** The following are the conclusions of the paper read by Prof. Jas. L. Cabell, at the recent meeting of the American Surgical Association in Philadelphia:

*Septic complications* have heretofore been, and often are still, the most fruitful causes of mortality after operations in hospitals where their malignant effects are observed after secondary as well as primary amputations. Much may be done to prevent the development of septic poison by careful and untiring attention to sanitary precautions, including all the details of personal and hospital hygiene. \* After securing all that can be accomplished by patient and scrupulous attention to sanitary arrangements, with a view to render the atmosphere of a hospital comparatively aseptic, there is good reason to believe that an additional protection of great value may be derived from the use of antiseptic precautions practiced in conformity with the Listerian principle. "Listerism," practiced *de rigueur*, while not so essential in cases of amputation, where it may often be superseded by drainage and perfect cleanliness, has achieved results in operations on joints and in treatment of "abscesses by congestion," which have not been paralleled by any other system of treatment. \* The highest success has been attained without the precautions of Lister; nevertheless preponderance of evidence is in favor of its utility in ovariectomy and abdominal sections generally, although marvelously good results have been obtained without special antiseptics, by careful attention to other sanitary arrangements.

**TO COVER ODOR OF IODOFORM.**—Dr. Putz, of Graefrath, has tried all the recommended means for covering the odor of iodoform, and confines himself now exclusively to oil of mirbane and nitrobenzol, all the others having failed in his hands. Six drops of nitrobenzol are used for every gram of iodoform.—*Pharm. Zeit., and New Remedies.*

**A SPECIALIST ON SPECIALISTS.**—There is a tendency upon the part of all specialists—whether medical or not—to become too highly specialized. In the specialist who devotes himself to the study and treatment of diseases of the ear, the otologist, this tendency is manifested most conspicuously in a disposition to overestimate the value of purely local measures, and to underestimate the value of constitutional measures, in the treatment of maladies with which he has to contend.—*Theobald in Med. News.*

**RECENT FRACTURE OF SKULL WITH DEPRESSION.**—In all recent fractures of the skull with depression, if the latter be moderate, whether simple or compound, the patient should be left alone. If, however, fixed and severe pain at the point of injury, febrile excitement, increase of local temperature and a commencing puffiness of the scalp supervene within a few days after the accident—signs which are indicative of depression of the internal table and the development of pachymeningitis, elevation of the depression should be promptly effected. In all recent fractures, whether simple or compound, attended with symptoms of compression, the trephine should be resorted to; and the same rule should apply, whether symptoms be present or not, if the depression be considerable and funnel-shaped.—*S. W. Gross in Am. Surg. Ass'n; Am. Practitioner.*

**CURE OF EPILEPSY BY LIGATURE OF THE VERTEBRAL ARTERIES.**—Dr. Wm. Alexander reports (*Med. Times and Gaz.*) five apparently hopeless cases of epilepsy cured by ligature of the vertebral arteries. In three, only one artery was tied. In the other two, tying one artery caused amelioration of the symptoms, but the fits did not cease until the other artery was subsequently tied. He has ten other pa-



tients under care with apparently satisfactory results in all. In three of them he tied both vertebrae simultaneously without any bad effects.—*N. C. Med. Journ.*

**SULPHIDE OF CALCIUM TO PREVENT SUPPURATION.**—It would seem that we are warranted in concluding that in many cases of suppurative affections, ranging from the small pustules of acne to extensive suppurating surfaces, an appreciable, and often a very marked, benefit is derived from its use; suppuration which would otherwise take place being averted, or the quantity and duration of an existing discharge being lessened. At the same time its action is not uniform, and in many apparently favorable cases it will fail entirely. It is somewhat prone to irritate the stomach which indicates small doses frequently repeated rather than larger ones at longer intervals. Gr. i-10 every two hours in acute cases will generally secure its full remedial effect, but larger doses may sometimes be required, some patients bearing well gr. i three or four times a day. Even in small doses it occasionally produces headache, with usually more or less eructation of sulphuretted hydrogen.—*Dr. Andrew H. Smith, N. Y. Med. Journ.*

**ACUTE DILATATION OF HEART.**—Heitler has been able to diagnose this condition occurring suddenly and disappearing as suddenly. Prolonged and careful physical examinations are necessary. It may effect all the cavities or only one. He records a case in which there was evidently such a condition in the right side of the heart; there was great palpitation, anxiety and cyanosis and the heart beat 200 times per minute, with very weak pulse. Five minutes after he wished to demonstrate this condition but it had gone

with the symptoms. The patient had mitral insufficiency and stenosis, with frequent attacks like that described. The author believes acute dilatation to be frequent in the early stages of fevers, endocarditis, anæmia, and Bright's disease.—*Wien. Med. Woch.*, June 3, 1882.

**SMALL-POX AND SCARLATINA OCCURRING SIMULTANEOUSLY IN SAME SUBJECT.**—*Chrostowski (Gaz. Lekars., 1881, No. 53)* relates a case in a patient æt. 19. On fifth day after scarlatina had been diagnosed, red spots and papules appeared over face; upper limbs, hard palate and other parts remaining free from the scarlatinous rash. Temperature immediately fell from 105.5° to 103.6°. For some days new papules continued to appear always selecting with mathematical preciseness, non-scarlatinous spots. The change of papules into pustules coincided with desquamation of the scarlatina eruption over the trunk. After, the course of the small-pox was regular and generally mild. Four weeks later patient left cured. No albuminuria.—*Lond. Med. Record*, July 15, 1882.

**EMPHYEMA.**—Two forms are to be distinguished (1), sudden and sub-acute; (2) that following serous pleurisy, before or after thoracentesis. The sudden form may be diagnosed even before effusion by the extreme acuteness of commencing symptoms, pain in side, anxiety, fever. Here thoracentesis must be performed as soon as effusion appears. Four cases are given of recovery after a single evacuation (of from 7 to 13 oz.) of well-defined pus. If reproduced after the second thoracentesis, with persistence of fever perform the operation for empyema. Nine cases are recorded, recovery being rapid, in three a cure within 28 days.

But if after evacuating a small quantity of pus or sero-pus, the flow be impeded by the false membranes, perform operation for empyema at once, by which issue is frequently given to enormous quantities of pseudo-membranous masses. If the liquid be reproduced rapidly after thoracentesis, and if improvement which ensues do not last long, the operation must be performed.—*Moutard-Martin, Id.*

**IODOFORM POISONING.**—*Mosetig* has used i. in Listerism in 7,000 cases and has not met with poisoning. He explains this immunity by (1) his never employing it in large quantities; (2) by never causing pressure upon it in a wound; (3) by his rarely changing the dressings; (4) by never washing the wounds in dressing them (since absorption takes place more rapidly in granulating than fresh wounds); (5) by his using only pure materials—i. e., iodoform alone; the combination with carbolic acid is dangerous since the latter is always liable to irritate the kidneys, and may thus hinder the excretion of the iodine set free within the body and give rise to its accumulation in the blood.—*Centralblatt f. Chirurgie*, June 12.

**ABORTIVE TREATMENT OF BUBOES BY CARBOLIC ACID.**—*Dr. Taylor, U.S.A.* when cases are seen before the formation of pus is well established arrests suppuration immediately and allays the pain in a few minutes, by injecting  $\text{m}$ . 10 to 40 of a sol., containing gr. 8 to 10 to the ounce, directly into the inflamed gland.—*Am. Jour. Med. Sci.*

**ANECDOTE OF CLOT BEY.**—The following anecdote is related of this French surgeon, who attained eminence in the service of Mehemet Ali, and died in 1868: For about 1700 years there had been no public lectures

on anatomy delivered in Alexandria, the very birthplace of human anatomy; and so strong were Mussulman fanaticism and prejudice that although he had the authority of the Pasha to institute a school and commence demonstrations, when, forceps and scalpel in hand, he opened the thorax of a body, a student rushed upon him with a poignard. The blade slid over the ribs, and Clot Bey, perceiving that he was not seriously hurt, took a piece of plaster from his dressing-case and applying it to the wound, coolly observed to the class, "We were speaking, gentlemen, of the disposition of the ribs and sternum, and I now have the opportunity of showing how a blow directed from above has so little chance of penetrating the thorax," and went calmly on with his lecture. This piece of *sang-froid* gave him an incontestible moral ascendancy over his pupils, and he continued his instructions, meeting with success and turning out some skilful surgeons.

**GENERALIZED ERUPTION OF VACCINIA.**—*Dr. H. A. Martin, of Boston, (N. Y. Med. Rec.)* relates the case of a lady revaccinated with bovine lymph with success, whose sucking infant began to exhibit on the 16th day small red pimples about the arms which soon spread over other parts and by the 4th day were scattered over the entire surface. There were then at least 400 clearly defined circular, umbilicated vesicles, greatly resembling variola on the 5th or 6th day. Each vesicle was surrounded by a bright red areola. Next day confluent scabs covered the surfaces. Lymph from the vesicles produced in the heifer fine typical vesicles, points charged from which caused successful vaccinations. The infant had not been vaccinated because it was the subject of eczema. Dr. M. calls attention to the frequency of general eruptions and rashes since bovine



vaccination has been in vogue, which corresponds with what was observed in the early days of vaccination.

THE West Virginia Medical Society has instituted the "H. W. Brock Prize" for original papers in honor of a distinguished member recently deceased.

### MEDICAL ITEMS.

THE London *Lancet* has been sued by the corporation of Brighton for an article reflecting upon the sanitary condition of that place. = The proposition to amalgamate the Glasgow medical schools has fallen through, as no satisfactory plan could be devised. = Mr. Walters exhibited to the London Obstet. Society a uterus and one ovary with Fallopian tube and a piece of omentum, which had been torn away by a midwife in the attempt to extract an adherent placenta. Notwithstanding, the patient made an excellent recovery. = A new medical society has been organized in New York called the Practitioners' Society, with Dr. Wm. M. Polk as President. = Darwin left personal estate valued at upwards of \$730,000. = Reich states (*Med. Zeitung*, No. 9) that fifteen persons, all of them Israelites, intentionally produced traumatic cataract in order to escape military service. = Scarlatina occurs, according to Ochterlony, in the cat, dog, horse and hog. = Dr. P. A. Healey, of Cumberland, died on the 25th inst., æt. 63. = Bartholow's Practice is being translated into Chinese. = Koch, by request, demonstrated the bacillus tuberculosis before the Emperor of Germany. = Dr. Duhring says tinct. belladonnæ is the best remedy for sweating of the feet, ʒi to ʒi, increasing the strength. = A great and almost universal mistake that regular physicians make is to

think that when people send for doctors they send solely to have medicines given. Many people are much more anxious to get an opinion of the nature and tendency of their case than to begin a regular course of medicine. — *Cathell.* = Mr. T. Spencer Wells has been elected President of the Royal College of Surgeons of England, vice Sir Erasmus Wilson retired on account of ill-health. = The Association for the Advancement of Medicine by Research will commence work by undertaking the verification of the results obtained by Koch on the subject of tuberculosis; Mr. Watson Cheyne will have charge of the investigation. = Sir Erasmus Wilson's gifts amount to \$300,000. = Dr. Duhring's Treatise on Skin Diseases has been translated into Italian. = Charles Darwin was buried in Westminster Abby. = Attempts to inoculate leprosy in animals by Prof. Köbner, of Berlin, failed. = A death from chloroform is reported in the practice of a leading surgeon in Charleston, S. C. = The Boylston Prize Essay, \$300, has been awarded to Th. M. Dolan, of Yorkshire, England, his essay being on Sewer Gas. = Surgeon General Busch, of the Russian navy, has been sentenced to banishment for four years to Siberia and discharge from the navy for "selling offices." = Even the rudest and most empirical ideas of diseases presuppose ideas of the healthy states from which they are deviations; and obviously the diagnosis of diseases can become scientific only as there arises scientific knowledge of organic actions that are undiseased. = The test of the protective value of Pasteur's inoculated bacillus anthracis in Hungary was not entirely satisfactory, 14.5 per cent. of the vaccinated and 94 per cent. of the unvaccinated animals being dead at the close of the experiment. = The Vienna surgeons, from Billroth down continue to use iodoform as the general dressing.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

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EUGENE F. CORDELL, M. D.

SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

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ASHBY & CORDELL, PROPRIETORS, 29 Park Avenue.

WHOLE No. 92.

BALTIMORE, AUGUST 15, 1882.

VOL. IX, No. 8.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### EXTIRPATION OF HALF OF LOWER JAW FOR SARCOMA.

BY OSCAR J. COSKERY, M. D.,

Professor of Surgery, College of Physicians and Surgeons.

Peter King, colored, aged 15, was admitted into City Hospital March 31st, 1882. His family history was good.

About fifteen months before admission, what the patient called a "gum-boil" formed in left side of lower jaw. This was lanced but no matter came. Since that time that whole side of the jaw has gone on steadily increasing in size and shape to that it now presents. There is no pain of any amount even after handling.

On April 14th, 1882, the patient was placed in half-sitting position upon the table, and an incision commencing at the mid-line of lower lip was carried over largest portion of tumor, first downwards, then outwards, then upwards to a level with lower portion of lobule of ear. The flap was dissected up as usual, the right

median incisor tooth drawn, a straight saw used to cut the jaw across just to the right of symphysis, the soft parts on inner side of jaw separated, and the bone pulled forcibly outwards. The tumor, which principally involved the horizontal and ascending portions, came away entire; but the coronoid process and the neck of the bone were broken across in the rough handling. These parts were taken away afterwards.

In extracting the enlarged gland (marked B in fig.) just back of the jaw, a branch of the external jugular was cut and required ligation. This ligature, with one on the facial, and one upon a branch under the chin, were the only ones required to control the hemorrhage. Hair-lip pins were used to bring the parts together. Quinia and morphia were given internally, and the parts were treated from the first with Listerine—as a local application and as a mouth-wash. On the fifth day the temperature was 104.2°. With this exception the temperature varied from 100° to 102.5° (only once the latter) until on the eighth day of the operation, when



it reached the normal. One week after the operation the boy was eating milk and bread, and two weeks after had gotten back to his regular diet—of course chewing slowly. The pins were not taken out until the tenth and eleventh days, and then the wound was found united by first intention along its whole course except where the ligatures were. The boy left hospital on May 6th or twenty-two days after

operation. When heard from, six weeks afterwards, the boy was still well.

Microscopic examination by Dr. Keirle showed it probably to belong to the class of *alveolar sarcomas*.

P. S.—I regret that the wood-cut was made from a life-size cast of the boy and not from the patient himself.

A is the growth as far as the jaw is concerned.

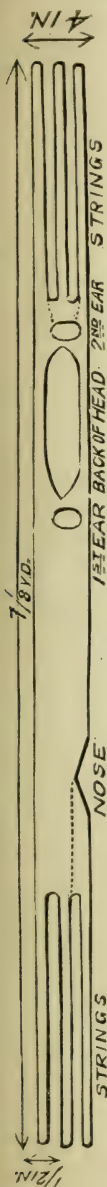
B glandular enlargement.



# EYE BANDAGE.

BY RUSSELL MURDOCH, M. D.

A cool, firm, elastic and withall comfortable bandage can be made, strings included, out of a cross strip, four inches wide, of  $\frac{7}{8}$  yd. flannel.



The accompanying drawing almost makes a detailed description unnecessary.

The length of the six equal half inch wide strings is obtained, and with it the length of the bandage proper, by encircling the head with the central part of the strip.

The position of the two oral-ear openings is, for No. 1, nine inches from one set of strings, and for No. 2, a half inch from the other; their lower margin half an inch above the lower border of the bandage, and their size sufficient to encircle the attachment of the auricle.

The large fenestra cut for the back of the head leaves half inch bridges of material at either end and the same above and below.

The notch marked "nose" is not made until after the bandage is applied, and is designed to relieve the cartilaginous portion from pressure.

To change this binocular into a monocular bandage, cut away the portions indicated by the dotted lines.

The testimony of patients as to its comfort, and the endorsement of competent surgeons as to its superiority, induce me to offer, for trial, this easily-made and easily-applied contrivance.

# CAUSES WHICH FAVOR INFANT MORTALITY, WITH SOME REMEDIAL SUGGESTIONS.

BY R. H. P. ELLIS, M. D., OF BALTIMORE.

Throughout the vast and varied domain of animal creation, man, the noblest of them all, stands preeminent in the enjoyment of the most complete physical and mental endowments. He alone possesses the power of judicial ratiocination and capabilities which at once stamp him as the grandest result of creative wisdom. While he is justly called the lord of creation, yet it is also true that when he first enters upon life's toilsome journey, he is of all animals, among the weakest and most utterly incapable of self-support. He must of necessity have the care of a fond parent or some good Samaritan, otherwise to live were impossible.

All through brute creation we find an instinct so unerring in its character, that it never leads the parent astray in the selection of proper food, sunshine and shelter for its young. Such, however, is so far from being true amongst human beings that we are forced to admit that "instinct is more than reason strong"—at least it here appears less likely to err in its teachings. Upon reflection, I am convinced that of the young of all animals, the greatest relative mortality in early life is found to occur among human offspring—a result we would not expect to find when we compare the relative intelligence of the parents. The query naturally suggests itself, Why is such the case? What cause can we assign for such frightful mortality among infants, especially in our large cities? In answering this question we have to speak not so much of any one cause, but of an aggregation of causes. Certainly the life of a being so important as man; so full of possibilities and capabilities, and equal to such great achievements as he has ever proven himself, is well worth our



greatest care to protect and preserve.

The environments, indulgencies and dissipation of modern civilization, seem truly to have brought with them much danger as well as comfort, particularly to the young. The neglect and squalor among the poor have their counterpart in the apathetic indulgencies, excessive care and illjudged hygiene of the affluent. Beyond all doubt, the most deplorable and appalling mortality occurs among the poor of our great cities, where privation, neglect, infanticide and *ignorance* are the chief sources of evil. The last named cause is only too often most sadly destructive in its influence. The mother of Bloomfield used to say that "to encounter Old Age, Winter and Poverty, was like meeting three great giants." She might well have added two more—sickness and ignorance, and the last is not the least of the monster evils, for it is it that afflicts pauperism with a deeper poverty—the beggary of mind and soul.

It is a praiseworthy fact that public sanitary improvements at least endeavor to keep pace with the advance of popular education. How to reach and enlighten the many thousands, who live in ignorance and squalor in the alleys and by-ways of our large cities, is a question for which it is much easier to suggest remedial measures than to practically apply them when proposed. We all know what a thankless if not hopeless undertaking it is for us to attempt to convince the ignorant of the importance of any fact which wears the semblance of science, and which, therefore, they do not understand. You can appreciate how all this may have some relevancy to the manner of caring for their infants, which mothers so often make use of, when you call to mind the many times you have seen would-be kind mothers, who were obliged to raise their children on cow's milk, persist in mixing crackers and other starchy food with the milk, in order, as they believed,

to strengthen the delicate infant, and how hard it was to convince them that such was really an injurious adulteration.

For me to attempt to set forth in this short paper all the hygienic, sanitary and medical rules, regulations and requirements, were impossible, even were I possessed of the ability requisite to accomplish the task. My object is only to call attention to some of the most common of the many erroneous ideas and practices of parents and others, who are entrusted with the care of infants, that I may perchance elicit some thoughtful discussion concerning the most appropriate remedial measures and their application.

Dr. Routh has laid down the conditions which favor infant mortality under three heads: 1. Those which depend upon the nature of food supplied. 2. Those which depend upon defective hygienic regimen. 3. Those which depend upon the physical and physiological nature of the infants. Want of breast milk is popularly and properly believed to be the most potent of all causes of infant mortality, hence it is that we so often hear parents, whose infants, for some reason are not nursed at the breast, express such grave doubts concerning the probability of raising them. But that this idea is commonly so exaggerated as to cover too much ground in the way of cause, I think must at once be admitted, when we reflect upon all the usual surrounding circumstances of hand-fed infants.

In the reports of the Foundling Hospitals of Paris, Rheims and London, where the infants are almost entirely hand-fed, the mortality is estimated at about 50 per cent. in the first year of life, and an attempt to explain this is made by the assertion only, that it is the *want of breast milk*. They seem to have ignored entirely the possibility of *errors* being made in the artificial feeding and hygienic man-

agement, and which should, therefore, be reckoned as causes having pernicious effects.

I venture the assertion that a child would have more chances for life upon artificial alimentation, if intelligently and scientifically fed and cared for, than at the breast of an ignorant and careless wet-nurse. Generally, however, when an infant is deprived of its mother's breast, *it is subjected to an entirely unscientific and hap-hazard course of feeding and hygiene.* Herein, I think, is a prolific source of evil, and an explanation of a very large part of the mortality above mentioned. I would not attempt to detract from the great and supreme importance of the maternal breast to the tender infant's safety, but I believe that its absence, *per se*, cannot be shown to be sufficient to account for the death of so large a per centum of those artificially fed. The mother's breast is the infant's birth-right, and it must be admitted by every one that no other mode of alimentation offers anything like a favorable comparison. But, unfortunately, owing to various causes, very many mothers are unable to nurse their little ones, and this fact presents us with the necessity of answering a question of profoundest importance, namely: What is the safest mode of alimentation and hygiene to be pursued in order to secure the smallest rate of mortality? Next to the mother's breast, a carefully selected wet nurse is the best source of safety, but comparatively only a few can avail themselves of this luxury, and according to M. Benoiston Chateonneuf, this substitution at once increases the mortality to a very considerable degree. He says: "Of 100 children suckled by their mothers, 18 die in the first year; of the same number at nurse 29 die."

While climate has very little to do with the mortality of infants, care has everything to do with it. Failure to protect infants from the effects of cold

is a fruitful source of danger to their health and welfare. The Registrar-General of London, in his report for 1874, gives some very interesting facts in connection with this subject. He has observed that a fall of mean temperature from 45 above to 4 or 5 degrees below zero increases the mortality from 300 to 500 in London, the increase occurring principally among infants and the very aged. Among the poor of our cities hygiene is terribly defective; imperfect ventilation, want of cleanliness and absence of sunlight, are the rule and register their baneful effects in the forms, faces and too often in the early death of infants subjected to their influence.

All analogy of comparative anatomy teaches that the young of all animals require animal food exclusively for a certain time after birth, and the infant is anatomically and physiologically capable of digesting such food only. If this were properly understood by parents generally, many of the injurious effects of injudicious feeding would be avoided.

The principal healthful and sustaining constituents of milk are the fatty and saccharine—which are heat-producing and play an important part in supporting respiration—the nitrogenous or flesh-producing, and the mineral salts—which furnish ingredients for the development of the osseous system, as well as maintain a soluble condition of substances generally.

The too common practice among parents of giving their young children so much sweets, especially the attractive varieties of colored candies, cannot be too severely condemned by every physician, as tending to retard healthy growth, as well as to promote the development of scrofulous diseases. Sugar in the forms of diabetic sugar, and sugar of milk, which occur in the body, serve an important part in the economy, but when given to an excess in the form of bon-bons, or as a food, may prove highly injurious.



Majendie has shown that dogs fed exclusively on sugar and water rapidly lose their flesh and strength and die in about thirty days.

Dr. Wegscheider, of Berlin, by carefully conducted experiments with the alvine evacuations of healthy infants fed on breast milk alone, has shown that during its digestion all the casein, nearly all the sugar, and a large proportion of the fats are absorbed. The establishment of this truth makes it plain that these are the requisite constituents of healthy food for infants. Now, as infants are so often hand-fed, and therefore become victims of so much gross ignorance, we, as physicians, should be able to decide intelligently as to what will prove the best substitute for the maternal breast.

Dr. Ephraim Cutter, in an able and very interesting article in *The American Medical Weekly* of January 7th, 1882, on the microscopical examination of more than forty specimens of the most widely advertised cereal foods for infants, found only three possessed of the virtues claimed for them. The "Franklin Mills Entire Wheat," "Hawley's Liebig's Food" and "Mellin's Food," stand highest in the order mentioned. From this report it is obviously unsafe to place much confidence in the infant foods commonly advertised. We, therefore, must look elsewhere for a safer and more reliable substitute. Of the milks furnished by our domestic animals, experience, generally, has narrowed itself down to the use of but one, and that one is cow's milk.

With the exception of sugar, cow's milk is richer in its composition than that of the human being.

Now as in cow's milk we have the elements of human milk present, only in a state of disproportion, the problem which presents itself for solution is, how we can convert this into a substance most nearly resembling the natural human secretion. Perhaps the greatest difficulty which presents it-

self here is that of procuring pure milk, for the food upon which a cow is fed may be of such a nature as to render her milk unfit for the infant's use. This, therefore, must be looked into if we would be correct at the very beginning. It has been authoritatively shown that cows fed on beets and carrots yield milk very nearly resembling that of the human breast, but as these of necessity form a very limited part of their provender, we should be sure that they are fed on the best of grain and hay, and allowed the range of a suitable pasture some part of every day; swill, or the fermentable refuse of brewers and distillers, should be allowed, if at all, to a very limited extent only. With these precautions we will have milk of the best and purest quality. It is generally observed that the milk of stall-fed cows is more or less acid when first taken; this should in every case be ascertained, and, if necessary, corrected by the free use of lime-water, which is, perhaps, as efficacious for this purpose as any alkali.

As there is a deficiency of sugar, this should be supplied by the addition of a small amount of fine white sugar or sugar of milk, the latter being the more appropriate.

The chemical constituents of pure milk, although so perfectly blended, are very easily disturbed, and cannot remain in a perfectly stable and pure state, if in contact with the air, except for a very short time, lactic acid fermentation being rapidly established, and even though this be checked at its very incipency by cold and alkalies, still the milk will have lost properties without which it is unfit for infant food. The eminent Dr. Richardson has shown that blood, when exposed to the atmosphere, is made to separate, and the fibrine to coagulate, by the escape of free ammonia, and Dr. Routh believes that fresh milk also contains some volatile principle or principles, which in like manner are

rapidly lost by exposure to the atmosphere. This seems to me not at all out of the field of probabilities, and may account for the fact that children are observed to thrive better upon the milk taken directly from the breast that produces it, whether that be mother, mare, cow or goat.

The common practice of boiling cow's milk in order that it may keep better, is fallacious if we would preserve it in its pristine purity, for after having been boiled, it is not, and never can be, just what it was when taken from the cow, having lost those principles which are volatile and affected by heat. The infant receives the milk from its mother at about the natural temperature of the body, and if this could be successfully imitated in the preparation and administration of artificial food, our results might be better.

I believe the very best and safest infant food, next to that of its own mother's milk may be found in the milk of a healthy and properly fed cow, if intelligently used. To verify this, the cow should be properly fed, surrounded by good hygiene, and the necessary quantity taken from her and after the appropriate addition of an alkali, water and sugar, when required, given to the infant *at once*.

Cow's milk requires more or less dilution for children under ten months of age, and the purest of water only should be used for this purpose. The milk-producing cow should be surrounded by the very best hygienic circumstances, second only to that of our own dwellings. Their stables should be kept scrupulously clean and well drained.

But when we have obtained pure healthy milk by proper precautionary care, we have not done all that is necessary to insure that such milk shall reach the infant in all its original perfection, for the temperature at which, and vessels in which, it is kept, or conveyed from the producer to the consumer,

may so affect it as to bring about changes exceedingly pernicious to infant digestion. Milk should never be kept in tin vessels lest it become impregnated with the lead which is commonly used in commercial tin as an alloy.

The subject of pure milk for our city, has recently excited much commendable interest amongst many of our best and wisest citizens, and if the question were properly understood by the heads of families and the community generally, there would be such a clamor of popular indignation, as would set aside the wise (?) gubernatorial veto of the late pure milk bill, and demand pure milk or no milk at all.

Infant voices from ten thousand tiny graves cry unto us for pure milk for the rising humanity. Let the noble medical profession of Baltimore City in its entirety, unite in calling the attention of the whole community to the sad effects of this milk fraud which has been and is yet being practiced upon them. In conclusion I will place upon record the prophetic opinion, that if we can secure a supply of pure unsophisticated milk to our city, *the first year of its use will show a very large reduction of infant mortality*. That this humane result may be obtained let us labor incessantly to secure legalized inspection and protective measures.

## SOCIETY REPORTS.

### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD APRIL 21, 1882.

I. EDMONDSON ATKINSON, M. D.,  
President, in the Chair.

(Specially reported for *Md. Med. Journal*).

EXCISION OF INFERIOR MAXILLA,  
WITH CAST AND SPECIMEN — *Dr. Cos-  
tery related the case (It forms the lead-  
ing article in this number of the JOURNAL).*



*Dr. Michael* had excised the jaw over two years ago for disease of the same nature as in this case; at least the microscopic examination corresponded. The patient recovered with remarkably small deformity, and had been seen within the last two weeks.

SPECIMEN OF TUMOR OF CEREBELLUM, WITH HISTORY OF THE CASE.—

*Dr. Miles* was called in consultation to see a man, 30 odd years of age, with obscure symptoms of brain lesion. He seemed very ill, had extreme vertigo when lifted up in bed, had a staring look, with obtuseness and slow intellection. There was a strong tendency to lie on the right side, and it was difficult to induce him to take another position. He answered questions with reluctance. The tongue was straight. There was weakness of the muscles (paresis) of the right side. Evidence of old injury of the calvarium was found on the left side; there was a deep pit, where the bone had evidently not reformed. There was remarkably rapid emaciation of the body. Effusion into the ventricles (hydrocephalus) was predicted. *Post mortem*: No adhesions. No appearance of disease; everything appeared sound. Tapping the ventricles gave vent to a large quantity of fluid. The under surface of the pons and medulla oblongata was very much compressed; a large tumor occupied the anterior portion of the right hemisphere of the cerebellum. There had been vomiting in this case, but no nystagnus, nor loss of sight. Although of long duration there had been no symptoms distinctive of cerebellar disease. He had been seen tottering like a drunken man once only.

SPECIMEN OF PERFORATION OF CÆCUM.—*Dr. R. Winslow* related the case. The patient had been sick two months with trouble about the cæcum. A large abscess opened in the gluteal region; also one down the front of the thigh. Matter passed per rectum. *Post-mortem* revealed a large abscess. Ulceration had taken place at the point of attachment of the appendix vermiformis. The appendix itself could not be found; it was supposed to have ulcerated off. No cause was found for the trouble.

*Dr. Coskery* suggested that a large fecal mass in chronic constipation might ulcerate through the bowel.

FISH-BONE REMOVED FROM OESOPHAGUS.—*Dr. Bermann* related the case of a man who came to him complaining of a bone in his throat. A coin-catcher was inserted, it was supposed as far as the cardia; great difficulty was experienced in getting the instrument out and it was effected only after some time and with the exercise of force. He had never experienced such difficulty in removing a foreign body from the oesophagus before.

*Dr. Platt* said a man was making an application to the throat when the brush went down. *Langenbeck* tried twenty-two times, and finally his assistant got it out with the coin-catcher. It was apparently standing up straight in the stomach.

*Dr. Rohe* opened the regular discussion on A CASE OF PURPURIC SMALL-POX, WITH AUTOPSY AND SEQUEL. The case was that of a robust German, 40 years of age, who arrived *per* steamship *Hermann*, from Bremen, on March 12. Three days after the arrival of the vessel at this port, the patient was admitted into the City Hospital, suffering from erysipelas. Under appropriate treatment this rapidly disappeared, but on the fourth day after admission the fever returned and the body became covered with a deep scarlet rash. There was headache, nausea and vomiting. No pain in the back. Throat red and somewhat swollen. On the following day petechial spots appeared on various parts of the body, which a day later had coalesced into large dark-brown patches on the chest, neck, extensor surfaces of the arms and scrotum. About two o'clock in the afternoon of this day he was taken with violent pain in the back and died in the course of an hour. There was no mental derangement at any time.

At the post-mortem examination, eight hours after death, the subcutaneous connective tissue and fat, the mediastinum, pleuræ and omentum were found permeated with blood, these tissues looking as if they had been soaked in bloody serum. There were pleuritic adhesions on the left side, the lungs were edematous, the heart soft, empty, dark-brown in color and uncontracted. About two ounces of bloody serum were found in the pericardium. The mucous mem-

brane of the stomach was covered with petechiæ like the skin, and a subserous clot was found in the duodenum extending about  $1\frac{1}{2}$  inches from the pyloric extremity of the stomach. The liver was somewhat softened and perhaps slightly enlarged. Spleen four times the normal size, very dark in color and friable. The kidneys twice the normal size, softened and both capsule and tissue of the organ itself ecchymotic. Bladder contained bloody urine in small quantity. Brain normal. Good vaccination scar found on left arm.

Although the cause of death in the case was not very clear, it was ascribed to the profound alteration of the blood and tissues resulting from the forgone erysipelas.

Twelve days after the death of this patient, Dr. Van Note, the resident physician, was taken sick, and on the second day after developed a mild case of small-pox and was sent to the Quarantine Hospital. On the thirteenth and fourteenth days two other cases, who occupied beds adjoining the fatal case in the wards, were also attacked by fever which culminated in a variolous eruption. In one of these cases backache was entirely absent, in one it was not remarkably severe, and in the other it did not appear until the day the eruption appeared. Another patient, who had been discharged from the City Hospital well, on the fourteenth day after the death of the first case, was also taken ill and sent to the Quarantine Hospital a day or two afterwards. In all these cases the diagnosis of small-pox—true or modified—was verified by the subsequent history. The failure to make a diagnosis in the first (and only fatal) case was due to the anomalous character of the eruption, and the absence of all distinctive symptoms and post-mortem appearances of small-pox.

Prompt precautions were at once taken to prevent further spread of the disease by thorough vaccination of all the inmates of the hospital, and thorough cleaning, whitewashing and disinfection of the hospital. No further cases occurred.

Purpuric small-pox is rather a rare form in which the disease manifests itself. Dr. Rohé referred to the works of Trouseau, Kaposi, Curschmann and Ponfick and showed in what essential particulars

his case differed from the appearances given by those authors as characteristic. This disagreement was particularly marked in the post-mortem appearances. No accurate diagnosis could possibly have been made in this case without the corroborative evidence furnished by the cases who had been attacked by small pox, and, as afterwards learned, by the fact that three cases of variola had been sent to the small-pox hospital from the city, who had been passengers on the same vessel, the *Hermann*.

## BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD APRIL 4, 1882.

JAS. CAREY THOMAS, M. D., President, in the Chair.

(Specially reported for *Md. Med. Journal*).

TENTS IN GYNÆCOLOGICAL PRACTICE.—Dr. H. P. C. Wilson opened the discussion of this subject. Mechanical dilatation of the uterus, he said, was a necessity. There are three modes of accomplishing it: 1. Division of the cervix. 2. Tents. 3. Steel uterine dilators. He uses the second two or three times as often as both the others. Sometimes it is necessary to use all three, as in a case of elongated and indurated cervix in which he first divided the posterior lip, then incised the internal os, then introduced a sea-tangle tent, and finally employed a dilator to avoid the necessity of another tent. He here exhibited his dilators, which act like glove-stretchers; they are never to be used except in dilatable uterus.

Sponge tents were introduced by Simpson in 1849.

Before the days of Recamier the interior of the uterus was an unknown region. Sea-tangle was introduced in 1862 by Sloan, of Scotland. Sussdorff, of N. Y., introduced the tupelo. Byford prefers slippery elm, and is now experimenting with the pith of cornstalk. The introduction of all tents is attended with danger, the sponge being most dangerous, sea-



tangle next and tupelo least so. Each form has its advantages and its disadvantages. In the case of the sponge the former are more than counterbalanced by the latter. They soften the cervix better than the others, but they also imbed themselves in the membrane and soon becomes offensive. Dr. Wilson never uses them except when covered with gold-beaters' skin, and after a number of punctures have been made in them with the point of a knife. The sea-tangle has this disadvantage: that if there be much constriction at the internal os, it assumes a dumb-bell shape, rendering it difficult to remove and apt to break off in the uterus. There is the same danger in the use of sponge-tents, hence Thomas advises to pass a string through the hollow centre. The tupelo is slower, but more regular and reliable. He had never had the slightest bad results from the first tent; when they occur it is almost always after the second, and especially the third tent.

The dangers from the use of tents were next considered. Among them are pelvic and general peritonitis, pelvic cellulitis, endometritis, septicæmia, hæmatocele, nervous shock, tetanus, etc. Dr. Wilson had had but one patient seriously ill for several days with peritonitis and pelvic cellulitis from the use of tents. He never uses tents when he can get into the uterus in any other way and only one, or one application of several, at a single effort of dilatation, for he would rather split the cervix front and back than use three or four tents.

How to avoid dangers. No tent should be introduced except through a speculum, and Sims' is the best here as in all other cases. By means of a tenaculum hooked in the cervix to fix and straighten the canal and a uterine sound, we can very readily find the size of the tent required and the course of the canal. Before using he always makes an application

of carbolic acid and glycerine and dips the tent in the same just before introducing it.

A tent should remain only so long as to get its whole dilating power; it is not necessary to keep it in until the following day. The patient should be kept quiet in bed several days after its use. Also pass a long syringe to the fundus and wash out the uterine cavity thoroughly with carbolized water, especially after the use of the sponge-tent. After miscarriage the womb is soft, and by the use of a small dilator, sufficient dilatation can be effected to pass in a finger and remove the after-birth. Many ills might be averted by removing everything from the womb immediately after a miscarriage.

Among the diseases which render dilatation necessary or advantageous are intra-uterine fibroids and polypi, subinvolved and hyperplastic uterus, uterine hemorrhages from fungous granulations or retained portions of placenta or secundines after abortion or natural labor, stricture of internal os, dysmenorrhœa and sterility, chronic endometritis from stricture at internal os, preventing innervation and circulation to the organs. He took issue with Dr. Albert Smith, of Philadelphia, that any disinfectant will remove the odor in using tents. In a recent discussion of the subject Dr. Smith recommended to leave the tents in 48 hours, and another gentleman 72 hours. Dr. Wilson had never taken out a tent retained for 24 hours that was not offensive. He also took issue with Dr. Albert Smith in his statement that after 24 hours there is danger of hemorrhage—it is not so where the gold-beaters' skin is used. There is no danger of the laminaria or tupelo tents slipping out, as Dr. S. affirms, if cotton be placed in the vagina. The tupelo or sea-tangle tents and curette, with carbolized applications to the cervix are much safer in the treatment of granulations of the endo-

metrium. Dr. Wilson said there was nothing he feared more than tents, and read a case of Dr. Baer in which death followed the use of a single laminaria tent.

Dr. Wilson related a case in which  $\frac{1}{2}$  a laminaria tent remained for seven weeks in the uterine cavity, during which period he performed Battey's operation, removing both ovaries. The tent was introduced in order to dilate the canal of the cervix and permit of exploration with a view to settling the diagnosis. It expanded in a dumb-bell shape, and on attempting to remove it, it broke,  $\frac{1}{4}$  of it remaining in the uterus which could not be gotten out. A second tent was introduced, but that also expanded and was removed with great difficulty. He then operated, the tent coming away afterwards and the patient recovering. He would not advise, however, because of this case, to keep a tent in for seven weeks. He would consider it very hazardous to introduce a tent just before menstruation and let it remain until this was over.

**REMOVAL OF RETAINED PLACENTA AFTER MISCARRIAGE.**—*Dr. McKew* dissented from the opinion that a retained placenta should be removed invariably after miscarriage. He had known it to be retained for several weeks under such circumstances, with no other symptom than slight hemorrhage. He thought the method recommended, whilst safe in Dr. Wilson's hands, fraught with danger if generally practised, and that such advice should not go without protest. He thought it best to delay for a time at least.

*Dr. Wilson* had seen great trouble result from retained placenta, as long continued offensive discharge, septicæmia, etc. In many cases we can introduce the finger whilst the cervix is soft, and with a very little dilatation get access to the interior of the uterus without difficulty. In many cases of miscarriage the placenta will come

away, but when it fails to do so he would always remove it at once. Otherwise the continuous hemorrhage produces great weakness, it takes long for the blood to reform, and inflammations occur which require months to cure.

*Dr. McKew* said Dr. Wilson saw all the bad cases in town, but how many had he met with before he practised gynecology?

*Dr. Wilson* replied by relating a case seen many years ago. A lady, two or three months after miscarriage, was still bleeding and was as pale as paper and so weak that he thought she would die. He removed a placenta by putting his hand in her vagina and finger in the uterus. She was ill for a long time but ultimately got well. As a consequence he got all the Cuban practice in town, the lady being from that island. Miscarriage is abnormal, labor normal.

**TO RENDER GALLIC ACID SOLUBLE.**—*Dr. McKew* stated that gallic acid could be rendered soluble by citrate of potash. Twenty grains of the latter suffice to cause solution of fifteen grains of the former in one ounce of water.

**WARTS REMOVED BY ARSENIC.**—*Dr. Powell* reported the disappearance of warts in a patient by the use of Fowler's solution, gtt. i twice a day for ten days, then intermitting for a few days.

## REVIEWS, BOOKS & PAMPHLETS.

*What to do in Cases of Poisoning.* By WM. MURRELL, M. D., M. R. C. P., Lecturer on Mat. Med. and Therapeutics at the Westminster Hospital, Ass't Physician to the Royal Hospital for Diseases of the Chest. Second Edition. Geo. S. Davis, Med. Publisher, Detroit, Mich. 12°. Pp. 96.

The department of Toxicology has made great advances of recent years,



since the physiological method of studying the *modus operandi* and effects of drugs has been generalized. A careful examination of this little vest-pocket duodecimo shows that the author has judiciously availed himself of these accessions to our knowledge, and we find little to criticize in his book. The suggestion of an "antidote bag," to contain every drug and instrument likely to be required in cases of poisoning, is a most excellent one and should be universally adopted. Such accidents are happily not of frequent occurrence, but when they do occur they demand the utmost dispatch in the application of remedies and antidotes, and fortunate is he who can without delay lay his hand, in these emergencies, upon such articles as he may require in order to rescue the threatened life. It may be well to enumerate the contents of the "antidote bag" as given by the author. They are: Instruments—stomach-pump, hypodermic syringe, and flexible catheter; emetics—zinc, ipecac, solution of apomorphia; stimulants—brandy, ammonia, coffee, chloric ether; antidotes—dialysed iron, acetic acid, syrup of chloral, French oil of turpentine, calcined magnesia, tannic acid, bromide of potassium, nitrite of amyl capsules, chloroform, hypodermic solutions of atropia, morphia, aconitia, nitrate of pilocarpine, nitrate of strychnia and tincture of digitalis. In reference to the stomach-pump, the author says that a piece of India rubber tubing, six feet long, will answer as a substitute, with which, by elevating or depressing the free end, the stomach may be filled with water, emptied and washed out effectually. The water can be poured into the tube by means of a funnel, or injected with an enema syringe or even by the mouth. The dose of apomorphia, which should be administered preferably by hypodermic injection, is given at gr.

$\frac{1}{10}$  to  $\frac{1}{4}$ ; the green color which the solution assumes in a day or two (and which is apt to occasion anxiety, as mentioned to us recently by a medical friend) does not affect the activity of the drug. As apomorphia is comparatively a new remedy, and has not yet perhaps come into general use, it may be added on the authority of the author that whilst it is a powerful and prompt emetic, it does not produce much nausea or depression and may be used freely without danger. It is important to remember the caution not to use the stomach-pump in cases of poisoning by sulphuric, nitric, hydrochloric and acetic acids (and we would add phosphoric, which is one of the most destructive in its action on the tissues). We have but one suggestion to make in regard to the "antidote bag," and that is that the author's little book should form a part of its contents, as it is quite as important to *know what to do* as to have the *means of doing it*.

In regard to emetics we find a useful piece of advice, which is, that if we do not obtain speedy effect we should not wait but use another and another until we produce satisfactory emesis.

The prominence which atropia occupies in modern toxicology is seen by glancing over this work, where we find it recommended as the antidote for the following: Aconite, benzin-benzol, calabar bean, carbolic acid, chlorodyne, conium, cyanide of potassium, gelsemium, hydrocyanic acid, jaborandi, morphia, muscarine—poisonous mushrooms, nepenthe, nitrate of potash, nitro-benzin—nitro-benzol, opium, physostigma, pilocarpine, and resorcin.

Nitrite of amyl holds a scarcely less important place, and in pretty much the same class of cases, being recommended for poisoning by aconite, aconite and belladonna, aconite and morphia, alcohol, carbolic acid, chloral, chloroform, ergot, ether,

iodine, morphia, nitrate of potash, nux vomica, opium, strychnia and resorcin.

Yet, strangely, although recommended for both morphia and choral, it is omitted in the treatment when these have been taken in combination.

In several cases we are surprised to find the directions very unnecessarily repeated under synonymous headings; for instance: Those for calabar bean, jaborandi, muscarine, nux vomica, belladonna, and opium are repeated *verbatim* under the headings physostigma, pilocarpine, poisonous mushrooms, strychnia, atropia and morphia, respectively; so those under aconite and belladonna, aconite and morphia, and belladonna and opium are repeated further on under reversed headings. Those for prussic acid are repeated under both hydrocyanic acid and cyanide of potassium; and a similar double repetition is found in the case of chloral, and morphia, morphia and chloral, opium and chloral.

Under the head of arsenic we are told that "emetics are, as a rule, not required," presumably because vomiting will be produced by the poisonous dose itself; yet Bartholow says they are necessary in every case. To prepare the sesqui-oxide of iron freshly in case of poisoning by the same, the author directs to precipitate the tincture of perchloride of iron with carbonate of soda and filter through a handkerchief; Wyeth's dialysed iron is also recommended in ounce doses as an efficient substitute for the sesqui-oxide.

Under atropia, we find no mention of opium or even of physostigma, but pilocarpine which has been very recently proven to be a more perfect antidote than either of the others is alone recommended. Under the head of morphia the author does not seem to agree with Bartholow and Ringer in the use of large doses of atropia; he recommends gr.  $\frac{1}{16}$  repeated in 15 minutes if necessary. In strychnia poisoning the author recommends a dose of *half an*

ounce of bromide of potassium (with 30 grs. chloral) to be followed by *two drachms* every 15 to 20 minutes, if necessary; yet these enormous doses are in accordance with the teachings of the best modern authorities. In phosphorus poisoning we learn (what we have not heard before) that the American turpentine is useless, the *French* alone being antidotal. For physostigma atropia is the antidote, but the converse is doubtful. Atropia is also said to be a perfect antidote of pilocarpine. In snake-bite the author recommends hypodermic injections of permanganate of potash and liquor ammoniæ, both of which measures certainly need further confirmation of their efficacy. In passing, we note the author's statement that fatal results have followed the tasting of Fleming's tincture of aconite and nitro-benzin; also with regard to the necessity of being prepared for tracheotomy when œdema of the glottis, producing threatening dyspnœa, results from a poisonous dose of ammonia. Under the head of chloral, recovery is said to have occurred after the use of  $\mathfrak{z}$ iii; Dr. P.C. Williams, of this city, reported some years ago to the Balto. Medical Association (*Balto. Med. Journ. and Bulletin*, Feb., 1871) a case in which about six hundred grains were taken without fatal result, although no medical treatment was employed, and in the last number of this journal an instance of recovery after the ingestion of  $\mathfrak{z}$ i is recorded. The expression "flicking with a wet towel" frequently occurs; no such word as flick occurs in our Webster; "to flicker," an intransitive verb, is defined "to flutter." We observe a few typographical errors but none of essential importance. In conclusion we are prepared to express a decidedly favorable opinion of the work. Its directions are the very perfection of clearness and succinctness, and they are reliable and thoroughly representative of the present status of toxicol-



ogy. It is a veritable *multum in parvo* and seldom will one meet with so much valuable material in so small a compass. As it is essential that every physician should possess some such work, we commend this as well qualified to meet the requirements of the general practitioner.

*Syphilis.* By V. CORNIL, Professor in the Faculty of Medicine of Paris and Physician to the Lourcine Hospital. Translated with Notes and Additions by J. Henry C. Simes, M. D., Demonstrator in Pathological Histology, Univ. of Penna., etc., and J. William White, M. D., Lecturer on Venereal Diseases and Demonstrator of Surgery, Univ. of Penna., etc. With 84 Illustrations. H. C. Lea's Son & Co. Phila.: 1882. 8vo. Pp. 461.

In these lectures, delivered by M. Cornil in the Lourcine Hospital, in the spring and summer of 1878, we find views very nearly corresponding with those which have become familiar to the profession in this country through the admirable work of the late Dr. Bumstead. We find, for instance, the familiar division into primary, secondary and tertiary periods; we are told that the disease always commences with an infecting chancre; that the hard chancre alone has the power of determining constitutional syphilis; that there is a pretty regular period of incubation preceding the appearance of the infecting sore; that secondary lesions are contagious and inoculable, tertiary *probably* not; that the first two stages of syphilis are amenable to treatment by mercury, the third to that by iodide of potassium, and he declares himself against syphilization, etc. These views are no longer novel; their general acceptance by authorities indicates, at least, that the labors of modern syphilographers have not been in vain, and that the study of this abstruse subject has been reduced to somewhat of the

precision and reliability of scientific comprehension.

Among the questions of importance treated of, that of excision of the indurated chancre is regarded with favor. Chiefly influenced, it would seem by the statistics of Auspitz and Unna, M. Cornil declares that complete excision at the beginning warrants the hope that syphilitic infection may be prevented. The translators express themselves still more strongly in favor of excision, both on account of its influence in expediting the cure of the local troubles and because in their experience the disease seems in a few cases clearly to have been aborted by the measure. Neither insist upon mercurial treatment of the initial lesion. In regard to the chancreoid M. Cornil follows the prevailing custom of destroying it with caustic—actual cautery, nitric acid, Vienna paste, etc.—as soon as recognized. The translators, however, recommend that this be only exceptionally resorted to, claiming that it produces extreme pain, inflammation, œdema, phimosis, sympathetic buboes, effusion of lymph, and induration, whilst it does not lessen the duration of the sore. On the other hand they have found simple local treatment, especially iodoform, to noticeably shorten the period required for healing. The author takes issue with Erb, Gowers, Fournier, etc., with regard to the relationship of syphilis to locomotor ataxia; in his opinion it is only a very remote predisposing cause of the latter.

But the characteristic feature of M. Cornil's work is the attention paid to the minute anatomy of the syphilitic lesions. The histological evolution of the various phases of the disease from the initial chancre to the gumma—including the mucous patch, the superficial and deep cutaneous syphilides, the osseous and visceral affections—is considered with a detail that is in striking contrast to that of other works upon the same subject.

In this department, the author tells us that he has "spoken almost exclusively of what he has himself seen and investigated." He claims that accurate diagnosis and rational treatment depend largely upon a knowledge of morbid anatomy. By this means, for instance, he has been able (p. 73) to point out distinct and radical differences between the two forms of chancre, and that one is essentially a prominent papula, the other an ulcer.

We would only add that the author's views are given in clear, and accurate language and are not overburdened with the copious references and quotations which make French works so very unsatisfactory to American readers. The translation has been made with his consent and approval, and he is fortunate in the selection of his translators, for they have added materially to the interest and value of the volume by supplying clinical information upon important topics amounting in the aggregate to about one-third of the volume.

We are gratified to see that they have also acknowledged the value of the contributions in this field of our friends and associates, Drs. Atkinson and Bermann, of this city.

### EDITORIAL.

MIXED CONSULTATIONS.—One of the clearest expositions of the merits of the questions at issue between the profession at large and the New York State Medical Society, in connection with the Code of Ethics recently adopted by the latter, is contained in a little unpretentious journal published by the Squibbs, of Brooklyn, and entitled "An Ephemeris of Materia Medica, &c." This little periodical is published irregularly and distributed gratuitously to those interested in the questions which are discussed in it, but it is, nevertheless, edited with decided force, ability and originality, and contains many articles of unusual

interest to the professions both of medicine and pharmacy. With regard to the erroneous and superficial views upon the above subject taken by the newspaper press of the country almost without exception, the author of the article referred to says:

"The position taken appears to be that all who pretend to cure disease belong to the general profession, and that it is a mere matter of individual liberty to choose between the individuals of a general profession just as in the choice of a lawyer. No distinctive fundamental principles are recognized in medicine as in the sciences, law, theology, etc., but all seems to be regarded as haphazard empiricism wherein there should be absolute freedom of choice as to which empiric should be selected, and absolute equality and fraternity between all the empirics, quite independent of any underlying principles of action."

The advocates of the new code, on the other hand, desire entire freedom from restraint in consultation, "first on the ground of humanity, liberality and charity, and secondly, that a liberal profession not only need no such code or rules as the old one which forbids such consultations, but is cramped, belittled, and even disgraced by their existence in the professional statutes."

"They seem to believe that error may not only be freely tolerated, but should be accepted in a fraternal and missionary spirit as the best way to overcome it and convert it. Therefore, the real issue between the advocates of the new code and the old one, is not whether they shall consult with homœopaths, eclectics, etc., or not, but whether the medical profession at large has or has not reached that high ground of professional and moral virtue where rules for consultations are unnecessary. To such as believe in the millennial condition presented by one side of this issue, the old code of ethics seems puerile and illiberal, and therefore sufficiently wrong to be abrogated. To them its existence seems very much like the existence of laws against offences in a community where



offences had ceased to occur. But to those who see the overcrowded state of the medical profession, and the struggle for life which ensues upon the business-like way in which medical schools are chartered by States, and then turn out their annual masses of graduates in about four times the number needed, and who realize that the material from which the profession is thus recruited is not above the average of human nature in general, the relaxation or abrogation of law seems dangerously unsafe and unwise."

The author then goes on to point out the incompatibility of consultations between those whose principles are so entirely at variance, and whose so-called systems exist because of this very variance. It is as impossible for two individuals believing in opposing and incompatible systems to combine their knowledge and experience so as to be of value to patients as it is for one individual honestly to hold and practice both.

"What possible good could come from a consultation between a modern astronomer and one who believes the sun moves daily from east to west? And yet both may be honest, and both certainly base their convictions upon observation and experience, and the experience which supports the error is apparently the best, and is that which—other things being equal—the laymen would be most likely to accept."

It has been said in behalf of the homœopaths (who constitute the largest and most influential class of those for whom the plea of toleration is made) that they only differ from the regular profession in the use of drugs, and that this "is only a small part of medicine." In reply to this, the author points out that the use of drugs—far from being a small part of medicine—is practically—to the patient—all there is of it. But the difference is far more widespread than this and relates both to the nature and the expression of disease. Homœopathy is based chiefly upon three propositions of Hahnemann, which

completely overturn and reverse the teachings and observations of all previous ages and constitute its claim to be recognized as a "system" of medicine. The first asserts as the origin and nature of disease, that seven-eighths of all chronic diseases are the effect of psora or itch; the discovery of the itch insect disposed of this delusion many years ago. The second was embodied in the well-known aphorism *similia similibus curantur*, "that is, a medicine which in well person will produce a condition similar to the itch, will cure the itch in a person who has it."

"To use agencies which counteract disease by opposing its processes and progress was all wrong, and a directly opposite course was sought to be substituted. The analogical evidence of all the physical sciences and the direct evidence of pathology and chemistry at once disproved the principle of this dogma by the same kind of testimony which showed that water would not run up hill, nor moisture arrest the processes of decay. Thus its principle of operation was early defeated, while its practical application was defeated at a later day by showing that Psora could only be cured by destroying the insect that was the sole cause of it. All the natural laws are known to govern matter by counteraction and opposition, and not by similarity of action; yet here is a dogma which has withstood all this, without destroying the order of nature, and which, it is said, is increasing in power and influence for good to mankind, and, therefore, deserving of professional recognition because it has public recognition. That is, anything that receives a small share of public and newspaper recognition and endorsement should be accepted and acknowledged as being possibly useful to the public, no matter how absurd the doctrines may be shown to be when tried by all the natural laws governing matter, as well as by accurate observation and practical experience."

The third proposition was that this curative power of drugs is increased by dilution, infinitesimal doses hav-

ing correspondingly greater power than larger doses.

"But the mathematicians were the first to show the fallacy of this dogma by proving that a part cannot be greater in power than the whole. Then physicians showed that, while light and heat and all other potencies were rapidly diminished by dilution, it was impossible that this asserted exception could be true in any sense. But all such arguments were met by that tremendous weapon of the ignorant and the fanatical, namely, individual experience, which must be the ultimate truth. The volumes of "provings" published from time to time, with detailed accounts of the symptoms produced by these infinitesimal doses upon individuals, were held to set at naught all knowledge not only of disease and its management by rational medicine, but all knowledge of the physical laws of the universe, and so the dogma continued to gain ground not only with the ignorant, but also with many educated people, who proved not less credulous, nor able to avail themselves of education. But by-and-by came the spectroscope, and its revelations are no less fatal to this proposition than was the discovery of the itch insect to the first proposition, for it has shown conclusively that all matter is very universally disseminated in infinitesimal quantities. This means that all living beings are taking homœopathic doses of immense power of everything, every moment of their lives without the symptoms detailed in the volumes of provings. No attempt has ever been made by any homœopathic writer to meet the spectroscope on this impregnable ground, and probably no attempt ever will be made, and yet the dogma stands as an integral part of homœopathy. It is true that many who call themselves homœopaths have rejected both the first and the third of these propositions, and adhere only to the second, but such are not true homœopaths, and are unworthy of the name, though the adherence to one of three irrational dogmas, which constituted a so-called system, after it has been disproved with the others, does not give them any better claim to recognition on the part of any rational system of medicine.

If an honest believer in only the second proposition of homœopathy uses opium to relieve pain, or chloral to procure sleep, or quinine to arrest fever, and all in large effective doses, he must do so upon a line of reasoning with himself that is not homœopathic but is the reverse of it. If he does not so use them and many other similar agents, he must deliberately deny to his patients the advantages which a medical profession has to offer to suffering humanity; and then, whether he does or does not so use them, his name as a homœopathist becomes a mere trade-mark and advertisement by which he makes a living through some unknown means—occult and secret because not in accordance with natural laws nor explainable through their operation.

It will, therefore, be seen that homœopathy as a system of medicine has, at this time, no more standing as a rational or successful system of procedure than has clairvoyance, eclecticism, hydro-pathy, and all that genus. Legal recognition gives none of them a rational standing, because in conferring it the legislators do not enter into the question of their soundness nor of their rationality, but only upon the question of their popularity, or the proportion of the lay public which supports them, or demands them. If this popularity be, as it is, the basis of legal recognition, then all the trade-mark patent medicines which are advertised into popularity and flood the country are better entitled to legal recognition, because they are more popular, for, whilst there are perhaps not more than 25,000 men and women who practice medicine on all the exclusive and irrational dogmas together, and whilst their patients are confined, perhaps, to 4,000,000 or 5,000,000 of the population of the country, quack medicines in one form or other are said to reach the sick or ailing portion of over 30,000,000 of the population."

Would that we had space for further quotation from this excellent article, which is so simple, clear and logical, and withal written in such a calm dispassionate spirit that it cannot fail to exercise an exceedingly salutary influence and we hope it



will be widely circulated. We have preferred to give as far as possible the author's own words rather than attempt condensation.

There is one other point to which Dr. Squibb (at least we suppose him to be the author) draws attention, and that is, that there is no evidence that the legally qualified sects—the homœopaths, hydropathists, eclectics, etc.—desire consultations with us, or that they are dissatisfied at being left to themselves. Evidences indeed are not wanting of their disposition to repudiate the advances that have been made by our New York brethren and to disdain the proffered right hand of fellowship.

**SANITARY QUALITIES OF DRINKING WATER.**—One of the last contributions to sanitary science made through the columns of the *Nat. Bd. of Health Bulletin* previous to its unfortunate suspension, was the important report showing the results of the investigations of Prof. Mallet, of the Univ. of Virginia, and others, into the value of chemical analysis in determining the quality of drinking water from a sanitary point of view. Three of the methods for estimating the quantity of organic matter present—the “combustion process” of Frankland and Armstrong, the “albuminoid-ammonia” of Wanklyn, Chapman and Smith, and the “permanganate” by Forchhammer, as advocated by Tidy, were inquired into. The results rather indicated the superiority of the first, for which, however, special skill and constant practice are essential requisites in the experimenter. A singular feature was elicited, viz: that none of them indicated any strongly marked difference between wholesome waters and those known to be pernicious. No one, we are candidly informed, could, on the evidence afforded by such chemical analyses, refer a water of unknown origin to its proper sanitary position. Attention is particularly

directed to the very small amount of organic matter indicated as present in many of the most dangerous waters, “an amount so small as to furnish important evidence against any chemical theory of the production of disease from this source.” To illustrate this point we are told that in the most highly dangerous waters, if the whole of the organic carbon and nitrogen existed as strychnia, it would take a half gallon of the water to obtain an average *medicinal* dose of this agent. In the absence of any obvious explanation, the instrumentality of germs, with their power of infinite self-multiplication, is suggested as rationally explaining the evils arising from this source. It remains to be determined whether there is any definite proportion between the quantity of organic matter present and the presence or abundance of living organisms a question upon whose solution, in the author's opinion, depends the value of all such researches as he has here undertaken.

A much more conspicuous difference between the two classes of waters was elicited, however, upon comparing the relative proportions of the nitrates and nitrites, these salts being either absent or present in but trifling amount in wholesome waters, whilst they were almost universally present, and in many cases in large quantity, in the pernicious waters. No aspect, it is stated, in which the good and bad waters are compared has afforded so definite a result as this. On the whole, the results of the investigation seem to be rather negative in character, and nothing indicates more clearly to our mind the paucity of the resources of chemistry to deal with questions of this nature than the inadequate results achieved from such elaborate and ably-conducted researches. And at the same time they point all the more to the importance of the observations upon the bacterial origin of disease now being prosecuted with so much

zeal and success, and suggest that to these chiefly we must look for further light as to the source and nature of the morbid agencies that produce sickness and death.

**ATROPIA A CAUSE OF GLAUCOMA.**—Attention has recently been directed to the possibility of the supervention of glaucoma from the use of instillations of strong solutions of atropia, and warnings are being uttered by high authorities which it may be well to repeat. Mr. Snell, of Sheffield, reported to the "Ophthalmological Society of the United Kingdom," July 7th, a case of acute glaucoma thus produced in a lady, aged 35, suffering with hypermetropia. Four days after the instillations, well-marked glaucoma (as indicated by great tension, intense pain and impaired vision) set in, which was promptly relieved, however, by the use of eserine. The use of others of the mydriatics is said to be associated with similar risks. In view of these facts it is urged that weaker solutions be employed and with less frequency. According to Mr. J. F. Streathfield, F. R. C. S., (*Brit. Med. Journ.*, July 29) an almost infinite dilution of the sulphate of atropia is sufficiently mydriatic for ophthalmoscopic and other ordinary purposes, although not active enough for the treatment of iritis and its results and for producing artificial paralysis of accommodation. We would be glad to hear the experience of our local ophthalmologists upon this subject, which is one of very pressing interest, in view of the universal employment of atropia not only by specialists, but general practitioners as well.

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**ERRATUM.**—On page 177, five lines from bottom, second column, "and is" should be "and Sims is."

## MISCELLANY.

**AMMONIO-MERCURIC PEPTONE IN SYPHILIS.**—During the past 14 months M. Martineau has made 11,000 injections in 600 patients without producing any inflammation, abscess or other bad symptom. He says that neither mercurial cachexia nor salivation is to be feared, as the mercury is rapidly excreted by the kidneys. That under this treatment the blood-cells increase in 8 days to the normal (four to five millions), and there is a gain of weight to the amount of from one to five kilogrammes. A speedy result is obtained in cases of iritis and irido-choroiditis. — *Paris Cor. Lond. Lancet.*

**NEEDLES SWALLOWED BY A CHILD.** — *Ivanoff (Vrach. Vedom.)* reports the case of a boy, æt. 3, who swallowed 20 needles (2 inches long) from a case with which he was playing. Five days after, 16 passed *per anum*, glued together by fæces. The other 4 passed one by one on the sixth and seventh days. No symptoms, except occasional abdominal pain. No treatment. — *Lond. Med. Rec.*, July 15.

**HYSTERICAL PARAPLEGIA IN A BOY.** — *Dr. C. Allbutt* reports a case (*Brit. Med. Journ.*) of a boy, æt. 12, previously suffering from incontinence of urine. The paraplegia appeared suddenly. There was no pain nor convulsion. Anæsthesia was complete from level of patella to roots of toes, with sharply defined limits. Plantar patellar tendon and cremasteric reflexes were normal. There was no ankle-clonus. Loss of voluntary power was complete. There was no nocturnal incontinence after the onset of the paraplegia. Sensation had returned in two days and power of motion in two weeks.

**DIALYSED IRON IN POISONING BY ARSENICAL FUMES.** — *Dr. Bullard*, at-



tached to the Alta Montana Mining Co., writes to the *Phila. Med. and Surg. Reporter* (July 1) in order to point out the immense utility of dialysed iron after the inhalation of arsenic fumes produced during the smelting of lead and silver ore. The poisonous effects are speedily dissipated by doses of  $\text{℥ss}$ , three times a day, while no ill consequences are produced by it. It has become a rule now at the mines for all workmen exposed to the fumes to take a dose once a day as a prophylactic, and this has acted most successfully in preventing the cases of poisoning, which were formerly so numerous. Dr. B. employs Wyeth's preparation.—*Med. Times and Gaz.*, July 29.

**EXCISION OF PYLORUS.**—This operation has now been performed 15 times by Billroth, Wölfler and others with considerable success, 5 recoveries having taken place, one patient being recently described as being active and in good health—the digestive functions being in no way impaired—8 months after the operation.—*Brit. Med. Journ.*, July 29.

**ODOFORM IN PHTHISIS.**—*Dr. Dreschfeld*, from an experience of this agent for over six months (by inhalation and pills—one grain per dose—mixed with creosote and dextrine), reaches these conclusions: 1. It is well borne, producing no nausea nor gastric irritation. 2. By its anæsthetic properties, it relieves throat irritation and cough, especially in incipient phthisis. 3. In some cases it increases digestion and appetite and relieves vomiting. 4. It reduces slightly temperature where this is raised. 5. No bad results have followed the inhalation. 6. Hæmoptysis is not a contraindication having entirely disappeared in some under its administration. 7. It seems to arrest the disease in its incipency.—*Id.*

**COTTON PELLET DRUM MEMBRANE.**—*F. Graf*, of Frankfort-on-the-Main, (*Archives of Otol.*, June) concludes from cases under his observation, that this is useful only in large perforations, with a tough mucous membrane of the drum cavity, where there is but little or no secretion and great diminution of hearing. He thinks he can testify to Moos' observation, that it sometimes restores bone conduction, but in one instance it did not. He agrees with Bezold that a layer of boracic acid powder causes increased hearing by acting as an artificial drum-membrane. In general, however, he prefers the pellet. Its therapeutic effect is also in its favor. It does not seem to him of great importance whether it be dry or moistened with glycerine, vaseline, etc. This depends upon the peculiarity of each case.

**FRAGMENT OF GLASS IN THE EYE FOR TEN YEARS WITHOUT SERIOUS CONSEQUENCES.**—A glass test-tube exploded, a minute fragment being driven through the cornea into interior chamber, where it was seen hanging by a thread of tissue attached to the corneal wound. This, however, gave way after a few minutes, and the glass fell through the pupil into the posterior chamber and disappeared. Marked inflammation followed, which subsided under active treatment in two weeks, leaving no trace of injury except minute corneal scar. Ten years have since elapsed during which there has been no irritation or inconvenience whatever, and vision remains normal for both near and distant objects.—*Theobald, Amer. Ophthalmolog. Ass'n, Med. News*, Aug. 5.

**APOMORPHIA SOLUTION.**—In the last edition of Bartholow's *Materia Medica* (the 4th), just published, it is stated that "as apomorphia undergoes important changes when in contact with water, the solution for hypodermic use should

be made when required." The London *Lancet* says of this: "It would certainly be an advantage if every solution intended for hypodermic use were freshly prepared, but no special caution is needed in the case of apomorphia. The solution speedily assumes a green color when exposed to the light, but its physiological action remains unaltered. We have frequently employed a 1 in 50 solution of chloride of apomorphia prepared at least three months previously and have never failed to induce prompt and copious vomiting by a hypodermic injection of from 2 to 5 minims. It should be remembered that one of the chief uses of apomorphia is to empty the stomach in cases of narcotic poisoning, and if it were necessary to prepare the solution at the time, it would soon be superseded by other and more convenient emetics."

**ACUTE GLAUCOMA CAUSED BY ATROPINE AND CURED BY ESERINE.** A strong solution of atropine was frequently instilled into the eye of a lady, æt. 35, to test her refraction, which was found to present a high degree of hypermetropia. Four days after symptoms of unmistakable glaucoma commenced, and two days later the tension of the right eye was +2, vision was reduced to counting fingers and pain was intense. Iridectomy was declined, but eserine, in the form of discs, was followed by almost immediate relief of pain and restoration of vision, the tension also returning to the normal. The other eye also became the seat of "colored rings" and some increase of tension; eserine afforded relief here also; there was no indication of glaucoma when first seen, but the patient mentioned symptoms which appeared like the prodromata of it.—*Snell, Brit. Med. Journ.*, July 15.

**CHOKED BY A TOOTH.**—A strong, healthy lad of 10 years (*Dental Record*) took nitrous oxide to have several

temporary teeth extracted. Seven were extracted, the last a left lower molar. At this time the gag slipped, the mouth closed, and partial consciousness returned, with natural color. He took a deep inspiration and immediately exhibited symptoms of asphyxia, attempting to tear away his garments about his neck which were loose. Attempts were made to dislodge the tooth by slaps on the back and by the finger in the fauces, but in vain. A physician was then sent for and came in seven minutes, but life was extinct, and tracheotomy availed nothing. On *post-mortem*, the missing molar was found firmly fixed in the larynx with the fangs uppermost. The *Lancet* remarks that the case forms a very strong argument in favor of the view that dentists should be surgeons first and dentists afterwards, for had tracheotomy been done at once instead of after seven minutes life would in all probability have been saved.

**CORNIL ON HYPODERMIC INJECTIONS OF MERCURY IN SYPHILIS.**—Within the last 20 years hypodermic injection has been employed. Hebra, Hunter, Scarenzio, Lewin, Aimé, Martin, Liégeois, Dron and Diday have used it with success. Of all the different methods of giving mercury this is assuredly the one by which a certain determined dose can most readily be made to enter the system, and which causes the most immediate modifications in the syphilides. This method is largely employed in many large special hospitals, especially at Milan, Vienna, Stockholm. Injections were made by Liégeois twice daily, using a very weak solution; he introduced but  $\frac{1}{16}$  to  $\frac{1}{32}$  grain at each puncture. Stronger injections, such as Lewin employed, were only given at intervals of two days. Injections should be made in regions rich in connective tissue and poorly supplied with vessels and nerves, as the back, buttocks, scapular region, external aspect of



the arm, etc. The inconvenience attending this form of injections is that at times they cause considerable pain, and are very apt to give rise to small subcutaneous abscesses, all the salts of mercury, especially the bichloride, being irritants. To guard against these accidents it is necessary to take the precaution to introduce the needle sufficiently deep into the subcutaneous connective tissue, and not to insert it twice in the same place, or very near a former puncture. Furthermore, it is also well to use at once a systematic method of massage over the small swelling caused by the injection. Bergh, of Stockholm (oral report), has never had any bad symptoms or abscesses caused by the hypodermic injections, because he has always resorted to massage in every case.

THE ACADEMIE DE MÉDECINE ON ISOLATION OF SUBJECTS OF CONTAGIOUS DISEASES.—1. Pupils affected with chicken-pox, small-pox, scarlatina, measles, mumps or diphtheria should be strictly isolated from their comrades. 2. For small-pox, scarlatina, measles and diphtheria, isolation should not be shorter than 40 days; for chicken-pox and mumps, 25 days are enough. 3. Isolation should last until after the patient has been bathed. 4. The clothing worn by the patient at the time he was taken sick should be subjected to a temperature of 194° F.; and to sulphur vapor and then well scoured. 5. The bedding, curtains and furniture of the sick-room should be thoroughly disinfected, washed and aired. 6. The pupil of a school, after recovery from one of the above contagious diseases, should not be readmitted to the school unless furnished with the certificate of a physician that the above precautions have been observed.

The above conclusions were adopted by the Academy of Medicine of Paris. *Med. News*, Aug. 12th.

SYPHILITIC GUMMA OF HEART DIAGNOSED DURING LIFE.—*Mannino* (*Brit. Med. Journ.*, April 15th) reports a case of a patient, who had contracted syphilis eight years before, and who had a pustulo-crustaceous syphilide, also attacks of dyspnœa becoming more frequent and severe. He became weak and began to cough. Lips, etc., were blue, trunk and neck mottled, the jugular veins swollen, hands cold, pulse imperceptible, belly swollen. No increase of heart dulness. The apex beat could not be located. Pulsations was visible in epigastrium to the left of sternal line. First sound of heart obscure, and accompanied by very weak murmur. A somewhat louder bruit heard at base, and at right of sternum; second sound weak but clear. Murmur much more distinct in epigastrium than elsewhere. There was œdema of posterior thorax and legs. Respiratory sounds normal except slight mucous rales. From these symptoms it was diagnosed that the right side of the heart was chiefly affected, and that the disease was not in the valves but in the muscular structure. Death occurred suddenly soon afterwards, and on *post-mortem* patches of fibrous induration were found on both ventricles with gummy myocarditis of the musculi papillares.

VEGETABLE PARASITIC DISEASES COMMUNICATED BY ANIMALS.—*Dr. McCall Anderson* (*Med. Times and Gaz.*, June 10th) records several cases in which tinea favosa (favus) and tinea tonsurans (ringworm) were communicated to the human subject by various animals. A number of instances are given of such communication of favus to whole families either directly through children who had played with them or through pet cats. This disease has a special tendency in mice to attack the ears, and from thence it spreads to the head and throat and to

other parts. It produces much greater destruction than in man, not only destroying the hair but tending to eat into the deeper structures and by slow degrees leading to exhaustion and death. In one instance it was communicated from mice to a dog. Favus has also been known to occur in fowls and to be transmitted thence to man. Köbner produced it in rabbits by inoculating them with the *achorion Schoenleinii* taken from the human subject. Gerlach, of Berlin, produced ringworm, by inoculation, in oxen, calves and horses, and he transmitted the disease in the same way from oxen to man. Bazin reports a case in which several dragons contracted ringworm from their horses.

#### IODOFORM DRESSING IN VIENNA.—

*Dr. Roswell Park*, writing to the *Annals of Anat. and Surg.* (July) says iodoform is used in the Vienna hospitals to the exclusion almost of every other dressing. All the great surgeons have settled down into pretty much the same routine in using it. The part to be operated upon is scrubbed with soap and carbolized water and then carbolized again. The requisite operation is then done. All the instruments are laid in carbolized water, the sponges also, and before dressing, the wound is thoroughly irrigated with a 3 p. c. sol. It is then dressed with iodoform gauze instead of the Lister gauze with no intervening protective. Over the gauze is usually placed a moderately thick layer of absorbent cotton, and then something corresponding to the Mackintosh laid over this. The whole is then closely and neatly bandaged; the bandages used being quite wide and made out of a strong gauze. If advisable the wound may be dusted with powdered iodoform. In subperitoneal amputations it is dusted in many cases under the peritoneum; in osteoplastic resections, between the ends of the

bone, and after extirpating tumors many sprinkle it upon the inner surface of the flaps. The drainage tube is much less resorted to now than under strict Listerism, there being much less suppuration, and the discharge being more of a serious character. Elevation of temperature demands a change of the dressing; pain, burning and itching may also require it, but they are rare as iodoform has anodyne properties, and are largely the result of tight or improper bandaging. As an antiseptic it must rank ahead of carbolic acid, and it promotes absorption more rapidly than any other medicinal agent. The author thinks that it should become in America, as it is there, the antiseptic of the present and immediate future for general use until something better offers.

#### LIGATURE OF THE INNOMINATE.—

The case in which Mr. Wm. Thompson, of Dublin, ligatured the innominate artery on June 9th, terminated fatally July 20th. There had been no recurrence of hemorrhage after the thirty-ninth day, when copious hemorrhage took place, but was controlled by shot-bags. At the *post-mortem* the sinus was found to terminate in an ulcer that involved the anterior wall of the junction of the innominate, carotid and subclavian arteries. The innominate and carotid were filled with clot; and the subclavian contained a clot that occluded it to the extent of  $\frac{1}{2}$  inch. The ulcer was seated on the distal side of the ligature. The hemorrhage had apparently taken place from the innominate, as a recent blood stain was noticed on the cardiac side of the clot. None of the vessels concerned were pervious to water forced in with a syringe. The aorta was atheromatous. Consolidation in the tumor was proceeding satisfactorily.—*Med. Times and Gaz.*, Aug 5.



THE *uterine sound* must be employed with caution in all cases of chronic inflammation of the pelvic organs; and the active inflammations form an absolute bar to its introduction. It is not free from danger at a *menstrual* epoch, and in any case when there is a possibility of *pregnancy* its introduction would be gravely culpable.—*Prof. A. R. Simpson, Ed. Med. Jour.*

#### FATAL CHLOROFORM ANÆSTHESIA.

—A death occurred in Baltimore on the 15th inst. from this cause. A robust man, æt. 49, and weighing about 200, employed in a foundry, had a dislocation of the proximal phalanx of the ring finger. *About one drachm* of Squibb's chloroform was administered on a towel folded, with the end open. Reduction was effected with ease, but during the anæsthesia the man sat up and struck violently at the physicians. He was laid down again and immediately after was found to be dead. The whole thing occupied but three minutes. Auscultation revealed nothing wrong with the heart. The habits were very dissipated. *No post-mortem.*

#### MEDICAL ITEMS.

NEVER ask the age of a patient but once during attendance on his case. Also take care neither to ask any question twice at the same visit, nor to do anything else that would indicate abstraction or incompetence.—*Cathell.*—The British Medical Association met Aug. 8th to 11th at Worcester, where it was founded 50 years ago.—To me it has been a life-long wonder how vaguely, how ignorantly and how rashly drugs are often prescribed.—*Sir T. Watson.*—Prof. Vogt has been called to the Chair of Surgery in Greifswald, lately occupied by Hueter, deceased.—The *Lancet* of July 29th notes the arrival at last of summer in the British metropolis.—M. Decroix, lately communicated to the Académie de Médecine of Paris 9 cases of well authenticated recovery

from rabies in the dog.—The sweetest drinking water is now made from seawater, by condensation, so that, in some cases, very little fresh water is shipped before sailing. Fresh water, thus made at sea, requires a little rest and oxygenation before it becomes thoroughly palatable.—*Brit. Med. Journ.*—Prof. F. M. Balfour, recently appointed Professor of Animal Morphology in the Univ. of Cambridge, has lost his life from a fall in climbing the Alps, æt. 32. He was a great embryologist.—Mr. John Chiene has been elected Professor of Surgery in the University of Edinburgh, vice James Spence lately deceased.—Watson Cheyne's book on Antiseptic Surgery is out, dedicated to Prof. Lister.—At the Univ. of Edinburgh, Aug. 1st, the degree of M. D. was conferred on 32, those of M. B. and C. M. on 182, the largest number of graduates the University has ever sent forth at one time.—For itching in pruritus, Dühring recommends—carbolic acin ʒiiss, glycerine ʒiv, alcohol ʒi, water to Oi—applied thrice daily.—At the Univ. of Glasgow, July 27th, 76 of 109 candidates for degrees in medicine succeeded—Anatomical subjects are to be hereafter cremated in Paris.—M. Pasteur has been presented with a medal by the Paris Academy of Sciences.—The Brit. Med. Ass'n has 9,563 members; it has branches throughout Great Britain, and even reaching to the colonies.—The announcement of Prof. Langenbeck's successor, it seems, was premature. According to the *Berliner Klin. Wochenschrift*, of July 31, Prof. Von Bergmann, of the Univ. of Würzburg (Bavaria), has been selected. The latter is well known as a scientific surgeon; among his most important works is one on Head Injuries.—The Rabiri Prize of \$3,000 will be given by the Acad. of Med., Turin, in 1886, for the best embryological researches advancing our knowledge of the anatomy, physiology and pathology of man.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

THOMAS A. ASHBY, M. D.,

EUGENE F. CORDELL, M. D.

SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

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WHOLE No. 93.

BALTIMORE, SEPTEMBER 1, 1882.

VOL. IX, No. 9.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### SOME CONSIDERATIONS ON AURAL GROWTHS, WITH TWO CASES OF POLYP OF THE MIDDLE EAR.

BY J. D. ARNOLD, M. D.

Late Principal Clinical Assistant at the London  
Central Throat and Ear Hospital.

Growths in the external meatus are comparatively infrequent, and when present are usually the result of long continued irritation of the dermoid layer of the auditory canal. Quite common, however, are polypi or polypoid excrescences in the tympanic cavity and upon the tympanum itself, in which regions they owe their origin, in the greater number of instances, to neglected and long-standing otorrhœa. Because these cases come late to the physician, it is often impossible to judge what relations exist between the presence of the growth and the purulent discharge, as regards cause and effect. Von Troeltsch,\* although of the opinion that polypi may de-

velop primarily in the middle ear and by mechanical irritation give rise to purulent catarrh, believes that in most cases the growth is directly consequent to the suppurative inflammation.

One is frequently baffled by the persistence of an apparently simple otorrhœa until a more careful examination discovers granular excrescence upon the tympanum or in the middle ear. The most common seat of such formations is the promontory on the posterior wall of the tympanic cavity, and since from this position they soon burst through the drum, and may completely fill up the opening thus formed, it is often impossible to tell from mere inspection whether the growth springs from the tympanum itself or from the cavity beyond. Nor can this point always be determined by examination with the sound, since it is not uncommon that the polyp protrudes through the perforation and spreads itself over the edges of the membrane, like the head of a nail driven into wood. The growth is usually of a vivid red color, bleeds freely upon the slightest touch, and is covered with fine granular elevations. This

\*"Ohrenheilkunde" twenty-seventh lecture.



appearance, however, is only presented after the ear has been washed out, as the polyp itself and its immediate neighborhood are mostly covered with thick creamy pus. If the growth is of sufficient size to completely fill up the perforation and dam up the pus in the tympanic cavity there is obvious danger of extension of the inflammation to the meninges of the brain, which are separated from this portion of the ear only by a very thin lamella of bone. Indeed, from the anatomy of the parts it is surprising that such an accident does not happen oftener than is really the case, for the roof of the tympanic cavity is formed of an extremely thin plate of bone which is often defective in parts and sometimes altogether absent. Toynbee describes several specimens in which the head of the malleus projected through an orifice in this portion of the bone and was directly covered by the dura mater. In such cases where the thin mucous lining of the middle ear is in actual contact with the cephalic membranes, a simple inflammation of the former gains vastly in importance and gravity from the imminent danger of brain complication. Pus formed in this cavity ordinarily finds its way outward through rupture of the tympanum which soon ensues, and when there is no stagnation of secretion behind the drum it is more probable that the inflammatory process will produce thickening than thinning of the mucous structures. But this same process favors the growth of granulations, and even pediculated polypi, which develope with surprising quickness, fill up the conservative opening in the tympanum and confine the pus, which, decomposing, may initiate carious abrasion of the roof of the middle ear with all the grave sequelæ of such an accident. Nor is the danger of such abrasion confined to this portion of the cavity, for on its floor and inferior wall, covered only by thin layers of mucous membrane and shell

of bone which, like that of the roof, is often partly defective, lies the internal jugular vein; in the posterior wall lies the aqueductus Fallopii (sometimes only a groove) with its branches of the facial nerve; on the outer lateral wall near its base, the opening into the mastoid cells with their intimate relation to the lateral sinus. Remembering further that close behind this cavity the vagus and glosso-pharyngeus make their exit from the skull through the jugular foramen, it becomes apparent that danger to many important structures, lies thick around this minute bit of anatomy, the middle ear. The writer once heard a teacher of anatomy say, "any morbid process in this seemingly insignificant space, is like a breath of wind toying with the lid of Pandora's box."

When a rupture of the tympanum has not yet taken place, and the secretion is still of thin consistence, it readily finds its way into the pharynx through the Eustachian tube, and thus the danger of its accumulation and decomposition in the cavity is avoided. But such a conservative condition of affairs cannot remain long, for the mucous membrane in the tuba soon becomes swollen and this minute conduit is thus rendered impervious; indeed, in the majority of cases the tuba is inflamed before the tympanic cavity is attacked, the process extending to the ear from the pharynx or posterior nares.

It may even happen that polypoid excrescences forming in the immediate neighborhood of the tympanic mouth of the tuba, engage that opening, and grow into it for a considerable distance. Toynbee reports two cases in which the whole extent of the Eustachian tube as far as its pharyngeal extremity was occupied by a polyp, which had its base in the tympanic cavity.\*

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\**London Times and Gaz.*, 1852, 1st vol.

Besides the fact that a persistent discharge from the auditory canal should always arouse suspicion, there are few symptoms, and these by no means constant, that indicate the presence of polypi or granulations in the middle ear. The patient rarely experiences any pain after the tympanum is once ruptured, but describes his sensations as consisting of a fullness or pressure felt deep in the ear, and occasionally dizziness or faintness. This latter "vertigo feeling" is sometimes present with growths in the external meatus even when the drum membrane is whole, and is no doubt due to pressure upon the fluid in the labyrinth, conveyed through the ossicles.

Direct inspection of the parts is absolutely essential to the recognition of ear trouble and to its treatment. The term *otorrhœa*, with which the practitioner is too well satisfied, is at best merely descriptive of a symptom common to many diseased conditions of the auditory apparatus, and should not be made an easy limbo of diagnosis; for *otorrhœa* in its clinical sense always means something more than a running at the ear. Since an *otorrhœa* is often the only indication of disease of the petrous bone and commencing brain lesion, is it not desirable that every physician should be at least so familiar with the technique of the otoscope that he may employ it for diagnostic purposes? It is safe to say that in 90 p. c. of all *otorrhœas* some growth or granulations will be found either upon the membrane or in the tympanic cavity, unless the discharge is recent and due to some acute affection.

For the removal of polypi in the external meatus the wire snare of Wilde is most frequently used, and practically leaves little to be desired. The galvano-cautery loop employed by Voltolini and Middeldorpf has several unquestionable advantages over the cold wire. It renders the opera-

tion painless, avoids hemorrhage, and at the same moment of removing the growth destroys its base. However, the cumbrous apparatus necessary for this procedure is a decided objection, and then the proverbially perverse disposition of all galvano-caustic batteries yet invented prevents their use in office practice. Besides, the bleeding in these operations is never considerable, and when the bulk of the growth is once removed, the cauterization of its base becomes an easy matter. The wire is by no means suitable for granulations upon the membrane or small growths in the tympanic cavity; here Politzer's ring-knife is the most useful and sufficient instrument. Minute vascular excrescences or shallow granulations upon the promontory, their favorite seat, may either be scraped off with the aural curette, or touched with zinc chloride paste, or *sol. ferri sub-sulph.* conveyed upon the tip of a sound.

In those cases where the growth is so situated as to be inaccessible to an instrument, or where the individual will allow no operative procedure, the topical use of alcohol will be found most effective for their reduction. The objection to the use of solution of silver nitrate in the middle ear, is the tendency evinced by this salt to form albumenoid flocculi which are with difficulty removed and act like foreign bodies in the cavity. Of course side by side with such measures must be employed appropriate means, local and general, to bring back to a healthy condition the whole mucous lining of the middle ear and its accessories. In general the purulent catarrh yields best to the air douche and insufflations of finely powdered boracic acid, the ear to be well syringed with warm slightly carbolized water before each insufflation. Perhaps the relation of the following cases will be of interest, not that the cases in themselves present anything out of ordinary, but because the course pursued with them



illustrates better than a mere enumeration of remedies, the value and efficacy of prompt, active treatment.

Case 1.—Mr. P., a rather robust man of 29 years, came to me on April 15th with this account: He had suffered from nasal catarrh for several years without having sought medical advice. In October last was persuaded by a friend who had a similar affection to use a nasal douche. He had used the douche twice a day for nearly two months, when he began to experience an uneasy feeling in his right ear accompanied by "ringing" and "thumping" noises. He now consulted a physician, who, after examining his ears (without mirror or speculum), assured him that they were intact; ascribed his symptoms to an impoverished state of the blood, and advised iron and "gymnastics." Soon after this the affected ear became very painful, the pain lasting, however, only a few days and vanishing upon the appearance of a profuse yellow discharge. In spite of a persistent use of the syringe and the dropping of warmed laudanum into the ear, the discharge continued until some time in February, without occasioning any serious discomfort; at this time it diminished very much in quantity, but the patient also noticed that his hearing with the right ear was become obtuse. Now, although the discharge is very slight, his hearing has grown quite blunt and occasionally he has short attacks of vertigo.

Examination April 15th.—L. ear, tympanum slightly concave—normal in color. R. ear, floor of external meatus somewhat reddened—membrane hidden by crust of pus and epidermis scurf. After syringing, the posterior half of the membrane appeared covered with a red granular mass which bled on being touched with the sound. With the left ear well closed patient heard loud voice indistinctly at one foot—whisper not at all—watch only in contact. Hear-

ing at left ear, whisper four feet—watch twelve inches. Upon Politzerizing, no air passed into right tuba. Catheterized and found that a drop of thick creamy pus had been forced out between the growth and the handle of the malleus. Convinced now that I had to deal with a growth springing from inside the cavity and not merely with granulations upon the tympanum, I proposed to remove it with the ring-knife. He consented and I succeeded in bringing away all that portion of the polyp that lay external to the membrane, apparently about one-half its whole bulk. This was followed by a gush of blood-streaked pus that flowed freely to the external orifice. The ear was thoroughly syringed, and as the patient would submit to no second introduction of the knife, was catheterized again to clear the tympanic cavity of all secretion, and boracic acid insufflated. Patient came next morning stating that he had experienced no pain during the night, but had found on arising some discharge in the external ear. It appeared that at a "family conference" it had been decided to allow no further instrumental interference, and so I determined to use the alcohol-douche\* to get rid of the remainder of the polyp. The ear was catheterized, well washed out and dried, and about a drachm of alcohol (90 per cent.) and water—equal parts—was poured into it from a glass spoon that had previously been warmed. This, occasioning no discomfort, was allowed to remain three minutes, the patient meanwhile seated and resting his head with left side upon a table. Boracic acid was then blown in, and the ear lightly closed with a pledget of cotton. Next day and every day until the 21st, same procedure, except that undiluted alcohol was used, which produced only a

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\*First proposed by Urbantschitsch, now extensively used in Politzer's and Gruber's Klinik, Vienna.

slight burning sensation, easily tolerable.

April 21st.—External meatus healthy in color; no disposition to scurf. Tympanum completely defective in the segments posterior and inferior, to long process of malleus; small remaining portion white and opaque. What was left of the growth in the tympanic cavity, seated exactly upon the promontory, was of a pale skin-color and appeared not much larger than a pin's head. Leaving the patient under the impression that I still had the sound in hand, I introduced the circular knife and scraped off this little nodule without causing him any pain; the minute bleeding point left by its removal was touched with the point of a probe that had been dipped into a strong zinc chloride solution. The hearing which had been perceptibly improving ever since the first operation, had so far advanced that the patient could easily understand words spoken in a loud voice at six feet distance, although the tick of a watch made no impression except in contact. On this day the right tube was found pervious to Politzer, and the alcohol was used for the last time. The boracic acid was continued for another week, at the end of which time the last traces of discharge had disappeared, and the mucous membrane in the tympanic cavity looked perfectly healthy except that it was slightly paler than normal. The large defect in the tympanum has shown no signs of repair, but since the patient's hearing is now acute enough for his needs he does not care to experiment with an artificial membrane.

Case 2 I shall relate very briefly. January 5th Miss M., pale, delicate girl, æt. 14. Has had running from the right ear for more than a year, Has frequent headaches; no appetite; general malaise. Never had any local treatment except the use of some patent ear drops. *Does not think her*

*hearing much affected.* Exam.: Left ear about normal. Right ear—floor of external meatus and lobe of auricle eczematous; considerable discharge of foul pus. After copious syringing, large kidney-shaped perforation seen in posterior segment of membrane, bleeding mass of granulations upon opposite wall of tympanic cavity. Right tube slightly pervious to Politzer. Hears watch through teeth and bones of head quite well. With left ear closed hears only very loud voice at two feet. Ear carefully washed, dried and the eczematous eruption in external meatus thickly varnished with collodion to protect it from secretion, and water used in syringing. Alcohol, commencing with parts 1 to 3 of water and gradually increased in strength, used every day for seventeen days, at the end of which time the discharge had ceased; granulations completely shrunken. Hearing not perceptibly altered. With the sound I discovered that the stapes was immovably fixed in the fenestra ovalis. Eczema in outer ear slightly improved. Patient last seen January 28th; perforation as before; lining of tympanic cavity somewhat thicker than normal, but otherwise healthy; no sign of granulations; no discharge; tube pervious; eczema doing well under ung. Heb.; headache gone; general health very much improved.

In this last case nothing was to be expected in the way of improved hearing, because as a consequence of the long continued inflammation, there was anchylosis of the ossicles between themselves and between the stapes and the fenestra ovalis. On account of the general hypertrophy of the whole lining of the middle ear nothing could be seen of the round window, but it is extremely probable that its membrane had also lost its mobility.

Perhaps the considerations briefly presented above and the course of the cases given may serve to emphasize



the following observations, which, although by no means new, are continually ignored:

1. The recognition of ear affections is impossible without direct inspection of the parts.

2. Otorrhœa is merely a symptom of many and varied ear affections.

3. A purulent catarrh of the middle ear is always a source of danger.

4. Retention of pus is most to be avoided in all affections of the tympanic cavity.

5. A "running at the ear" is often the only indication of commencing brain trouble.

6. Persistent discharge from the middle ear is very frequently due to polypi, or granulations upon its lining membrane.

7. Always do paracentesis of the tympanum at the first indication of morbid secretion in the middle ear.

## BIOGRAPHICAL SKETCHES OF MARYLAND PHYSICIANS.

BY EUGENE F. CORDELL, M. D.,

Librarian Medical and Chirurgical Faculty of  
Maryland, Professor Materia Medica and  
Therapeutics, Woman's Medical Col-  
lege of Baltimore, etc.

### II.

#### ELISHA DE BUTTS.

The subject of this sketch was a native of Ireland, being sprung from one of the best old families of the landed gentry of that country. His birthplace is said to have been in or near Dublin, but the exact date of his birth is unknown. When twelve or fourteen years of age his father, who was an officer in the English army, moved with his family to America and settled in Sharpsburg, Maryland. In order to increase his educational facilities, young De Butts was sent to reside with his uncle, Dr. Samuel De Butts, who lived near Alexandria, Va.; here he attended school and grew to manhood. His medical studies (doubtless commenced under his uncle's pre-

ceptorship) were pursued at the University of Pennsylvania, where he obtained his degree in 1805, his thesis being entitled, "An Inaugural Essay on the Eye and on Vision." For several years after graduation, he practiced on the Potomac opposite Alexandria; he then moved to Baltimore, where he resided during the rest of his life.

A sensitive and retiring disposition and health never robust combined with his natural taste to give him a bias in favor of scientific studies. Opportunity was not long wanting in his new home for the gratification of his inclinations in this direction. The death of Prof. Shaw early in 1809 left a vacancy in the Chair of Chemistry in the newly organized College of Medicine of Maryland, and De Butts was chosen to fill it. Thus, while still almost in his youth (he probably was not over twenty-four years of age) he abandoned the prospects of practice and began that brilliant career as a teacher and lecturer, which added so much to the renown of his university and terminated only with his premature death.\* In 1830 he was sent to Europe, in the interests of the University of Maryland, to obtain chemical instruments needed for the illustration of his lectures. During his visit the following episode occurred, which is given in a letter to his wife, dated London, June 27th, 1830: "Sometime before I left home, my attention was attracted particularly to two or three points of a subject new in the world of science, and amidst the perplexity and hurry of leaving home, I had a vague train of ideas settled in my mind, which, during the voyage, I endeavored to reduce to some order. In London and in

\*"Within a few years our own State has followed to the tomb a Godman, a Wells, and a De Butts, all in the very youthtime of life, although far advanced in the walks of science."  
—Dr. Samuel Chew, in *Maryland Med. and Surg. Journal*, vol. 1, Oct. 1839.

Paris, I obtained the instruments necessary to prove the correctness of my notions, and finally yesterday evening all the experimental demonstrations were exhibited in the Royal Institution, before many of the most distinguished chemists in England (I may say in the world) not only to the perfect satisfaction but astonishment of all present. I began, of course, by a history of the discoveries, a statement of the different effects which I expected to show them, etc., etc. While thus engaged I could not help perceiving (though concealed by all that politeness could dictate) a great deal of skepticism and an opinion that I was somehow or other deceived. But as the results were brought out in proper succession I never witnessed so perfect a change in the manner and countenances of men; nothing was heard but 'wonderful!' 'most extraordinary!' 'this is the most interesting discovery since Sir Humphrey,' etc., etc." He was asked for the lecture and gave it without keeping a copy. What the discovery was to which he alluded is not now known. A clue may possibly be found in a picture of him now in the possession of a lady of this city, in which a *lamp*† is depicted on a table by which he is standing.

His death occurred April 3rd, 1831, after a short but severe illness from pneumonia, said to have been contracted from following one of his friends to his door on a cold day and standing for sometime on the cold steps in his slippers.

Prof. De Butts was, according to all accounts, a man of very marked ability and a most eloquent lecturer. "As a teacher of chemistry, whether we look at the learning or perspicuity of the lectures in which he inculcated the lessons and doctrines of philosophy or at the brilliancy and success of the experiments by which he illus-

trated them, he was perhaps unequalled, certainly unexcelled."‡

He possessed to a very remarkable degree the faculty of simplifying abstruse questions and of rendering the driest subjects interesting to his audience. His lectures were prepared with great care and he kept himself thoroughly conversant with all the advances made in his department. His zeal in behalf of the institution which he had done so much to foster and develop, knew no limits, and it may be truthfully said that during the twenty-two years of his professional relations with it, its interest and welfare were ever uppermost in his thoughts. "Though a native of Ireland he came to this country in early boyhood, so that his whole character may be considered American and he was as much attached to this land of his adoption, its institutions and habits as if he had been a native of the soil.§

He shunned notoriety and indiscriminate association and found his chief pleasure in the society of his family and a few select friends. Says one who knew him intimately: || "The powers of his conversation were very remarkable, and often have I been fixed in admiration or entranced with delight at his profound wisdom, the playfulness of his wit and the beauty of his eloquence. All of this, whether grave or gay, flowed spontaneously, and at one turn would reveal his deep reflection and the richness of his knowledge; at another, the sparkling of his genius and the brightness of his fancy. I have heard many men converse—and eloquent ones, two—but have never yet been brought under the spell, which his words produced and never shall."

He possessed a fine mechanical

‡ Dr. Henshaw, afterwards Bishop of Rhode Island.

§ Dr. Henshaw.

|| Private letter from a gentleman in Chicago, dated 1856.

† Probably a safety lamp for use in mines, etc.



talent, played upon several instruments and was a skilful painter and draughtsman. In manner, he blended dignity with gentleness and an affectionate disposition; his piety was unassuming and sincere.

Prof. De Butts published but little; besides his thesis (already referred to) I find only the two following articles:

An Account of an Improvement Made on the Differential Thermometer of Mr. Leslie (1814).—*Amer. Phil. Soc. Trans.* 1, 1818, pp. 301-306 (with plate).

Description of Two New Voltaic Batteries.—*Silliman's Journal*, VIII, 1824, pp. 271-274.¶

# A CASE OF DEATH OCCURRING DURING THE INHALATION OF CHLOROFORM—POST-MORTEM EXAMINATION REVEALING A COMPLETE RUPTURE OF THE SPLEEN.

BY L. ROBERTS COATES, A. M., M. D.,

Prof. Chemistry, Toxicology and Medical Jurisprudence, Baltimore Medical College.

CASE. C. D., aged 49, single, pudler by trade, a hard drinker for years, over six feet tall, weight about 225 pounds, and presenting a magnificent physique, presented himself for treatment at my office on the 8th of August, suffering from dislocation of proximal phalanx of the ring finger of the right hand, forward into the palm. The injury occurred while in a row the night previous. Upon inquiry I found that the dislocation had at first been dorsal but during reduction by a friend the bone had slipped into the palm. On examination I found,

¶ For much of the material for this sketch I am indebted to Dr. John De Butts, of Centerville, Md. I wish to make the following corrections in the sketch of Dr. George Brown (the *JOURNAL* of July 1st, p. 107): He was born in 1753 (not 1755) and died Aug. 23rd (not 27th) 1822, at the age of 68 (not 67).

in connection with the dislocation, a slight excoriation on the dorsal surface which was surrounded with a deep erysipelatous blush. The whole hand was much swollen. Reduction was attempted but found impossible owing to the patient being unwilling to submit to the pain. Each day during the following week I tried reducing but always failed, for the same reasons. Finally, on the 15th inst., chloroform was asked, and after carefully examining his heart, lungs and kidneys and finding them normal I consented, and called on my friend Dr. A. Atkinson to administer it for me. The chloroform was given in the usual way, on a towel, folded as a cone. Certainly not more than one drachm had been given before the patient began to struggle violently, his face became livid, and raising himself to a sitting posture he struck fiercely at Dr. Atkinson and myself with either hand and immediately fell back unconscious and was dead in about three minutes. All efforts to bring him to failed, and after artificial respiration had been kept up for fully three-quarters of an hour we were satisfied that further attempts were useless. From the symptoms we were inclined to attribute death to internal hemorrhage, and a certificate to that effect was prepared. Certainly not more than five minutes after we began the administration of the chloroform our patient lay dead, and at no time during its inhalation was he unconscious from its effects.

*Post mortem*, held twenty-three hours after death:

The surface of the body presented much *post mortem* change and decomposition was rapidly advancing.

On opening the skull we found a few old adhesions of the membranes to the brain. The arachnoid was œdematous and slightly inflamed but nothing was found to which death could be attributed. The basilar artery was slightly atheromatous.

The lungs were large and, except slightly congested, were perfectly normal.

The heart was large, not abnormally so, however, and presented nothing abnormal, except, perhaps, a slight dilatation of right ventricle, and contained absolutely *not one drop of blood* in either ventricle. No atheromatous patches were found in the aorta.

The liver was normal in size, slightly fatty and cirrhosis evidently commencing.

The kidneys were examined and found normal.

The spleen was found ruptured and the abdominal cavity filled with a thick, grumous, bloody liquid. Only a fragment of the spleen remained and it was no larger than an egg. Small fragments of the capsule were found, but not enough to determine the size of the spleen. Literally the spleen was torn to atoms. The microscopic examination of the spleen revealed nothing, owing to the decomposition it had undergone, except that the mass consisted only of connective tissue.

Remarks: I hear from the friends of my patient that a few months ago he was engaged in a row during which he was severely beaten over the head and received a violent kick in the left side, also that for some time past, when at work, and when he was compelled to bend toward the left side, he always flinched and complained of pain. This, perhaps, throws some light on the condition of the spleen. What caused this man's death so suddenly is of course the question to be solved, and it is a most difficult one to answer. It has been suggested that the rupture occurred during my efforts to produce artificial respiration and I frankly confess that had I found the heart full of blood I would be forced to accept this conclusion and to attribute to chloroform the man's death; but, considering the facts, that

at no time was he unconscious, that so little had been given, that his brain was found slightly congested and his heart absolutely empty, I am compelled to discard such a hypothesis and to look elsewhere for the cause of death.

Certainly the amount of liquid found in the abdomen, about a litre, was not sufficient to, of itself, produce death so suddenly. At no time during my efforts after death, did I use sufficient force to rupture the spleen, and I am convinced the rupture occurred *ante-mortem*.

The literature on the subject is scant. Two cases of sudden death, reported from rupture of the spleen, are interesting. In one reported by \*Herrick, the death occurred twenty-five minutes after the injury, the abdomen containing two or three quarts of blood. In the other case, reported by Salluce, death occurred immediately from a blow. The spleen in this case was found to have been normal and the party who gave the blow was condemned to death for murder.

Among seventeen cases which Vigla has collected death occurred four times suddenly, three times after some hours, three times before twenty-four hours, and the longest time six days. Death occurring so suddenly cannot be attributed to hemorrhage but only to the shock of the injury. Again, in perforation of the bowel following burns or typhoid fever, death is immediate at times. Considering these facts I feel justified in asserting that in my case death occurred from the shock produced by the rupture of the spleen and that the chloroform had nothing in the world to do with it. That the spleen was diseased was evident but the nature of the disease obscure. It is probable, however, that the kick he received some months previous so

\*London Medical Gazette, April 1845.



disorganized the spleen that an abscess formed and its rupture was the cause of the death. It is unfortunate that the question could not be definitely settled by the microscope, but so much decomposition had occurred that such an examination revealed nothing.

## PROSTITUTION AS OBSERVED IN CANTON, CHINA.

BY F. CARROW, M. D.,

Late Surgeon in Charge Medical Miss. Society's  
Hospital, Member Soci  t   d'Anthropologie  
de Paris, Etc.

It is generally thought that the people of Eastern countries are of "easy virtue" and decidedly lax in their morals. This, however, is not true of China. The Chinese lady of the better classes is almost a recluse, living entirely within her own home and seldom going beyond it. Their code of morals, given them by their great Sage Confucius, tells them to hold virtue and chastity as sacred, and to their credit be it said, they obey. Yet, notwithstanding this, we find great moral laws broken here as well as in more highly civilized countries and hence great numbers of Chinese women are owned (and are a great source of revenue to their owners), for purposes of prostitution. It is carried on in a most business-like manner and in Canton on a very large scale. The prostitutes themselves are kept in ignorance of their written language and thus have no way of learning how their Gods frown upon the business they are compelled to follow, as they never know the company of any other than their own class and in this they are taught only matters relating to the life they are to lead. They tell you quite innocently that they do nothing wrong, but on the other hand are to be praised for obeying their master.

At the City Foundling House in Canton, female infants (generally illegitimate) are sold for 700 cash (75 c.)

to any one who states that he wishes to bring the child up as a servant, and in a respectable manner. This trade is carried on without the knowledge of the Government directly but merely to fill the pockets of those in charge of the institution. If a mother is too poor to support her child and it is a female (males are never sold, as they only, can worship at the tomb of their departed ancestors, and every Chinese parent wishes to leave behind him a son for this purpose) she takes it to the Foundling House and simply leaves it there. Owners of houses of prostitution come and select the infants which give promise of greatest beauty or best health, and buy them. They have them cared for on boats made for the purpose so as to keep them apart from the world at large. They are well fed and most carefully guarded from exposure to the sun so as to secure as white a complexion as possible. Here they are trained for their future work. At the age of 12 they are put in the society of women considered accomplished in the business, and at 15 they begin the life which is soon to become a misery. Now should one of these girls be seen by a rich Chinaman who wishes to add another concubine to his family he may buy her and take her to his home where, if she be a favorite, she is sure of kind treatment, and any children she may have rank in every way with those by his first or real wife, even to inheriting property. Those of the prostitutes who are not so fortunate are treated kindly or otherwise in proportion to the amount of money they make for their master.

Now disease attacks them; gonorrh  a which they easily cure, and syphilis which they never do—their doctors do not know the nature of the disease, nor its treatment. The use of mercury and iodide of potassium are unknown to them in the treatment of syphilis. In the great majority of cases they go through the different

stages of this disease until tired of life they end it by taking opium or are worn out with the ravages of the malady. Since the establishment of the Hospital at Canton, many of these women come under our treatment but as yet they are afraid of the foreign doctor, believing he always cuts the body to cure it of disease. Still many who are afraid to commit suicide, are driven to us by their sufferings which they find their native doctors unable to cure. Excision of large syphilitic warts and vegetations about the vulva and the removal of pieces of bone from the upper and lower extremities are the troubles on which we are asked to operate.

That some regulations requiring the frequent examination of these prostitutes by foreign surgeons would lead to much good in re the suppression of venereal diseases no one can doubt for only in this way can we prove the Japanese proverb less true than it is, that "every man is selfish and has syphilis." In Hong Kong, an island on the coast of China owned by the English and used as a military and naval station, the municipal regulations are very strict as to preventing the spread of these diseases. Every Chinese prostitute (and there are about 3500) in the colony is examined by the Colonial Surgeon at intervals of two weeks, and since this has been done the returns of the army and navy medical men show a decided decrease of venereal diseases amongst the soldiers and sailors quartered at the Port. When this is done in China we will not so often see the fearful ravages made by syphilis now presented at the Hospitals for treatment. An interesting fact I may mention in this connection although apart from the subject. In conversation with a Chinese prostitute who had presented herself for treatment at the Hospital I learned that these women generally preferred as their paramour a confirmed opium smoker,

and that they had had the wisdom to account for the lengthened orgasm which an opium smoker experiences.

## NOTE ON EXCESSIVE SWEATING OF THE FEET.

BY E. MEIERHOF, M. D., OF BALTIMORE.

Having had occasion to treat a number of cases of excessive sweating of the feet, in one case accompanied by foetidity, the following treatment has apparently given considerable relief:

The patient is directed to immerse his feet morning and night, for about ten minutes, in warm water at 115° to 120° F., in which a teaspoonful (3i) of powdered commercial soda (impure carbonate of soda) is dissolved. The feet are then thoroughly dried, after which they are painted all over with a coating of comp. tinct. of benzoin, which acts as an antiseptic, astringent, and by its mechanical presence on the skin. This treatment is continued for about ten days, after which it is practised once daily or every other day as the necessities of the case may require.

## CORRESPONDENCE.

### LETTER FROM VIENNA.

VIENNA, July 1882.

The first thing which strikes one on coming to Vienna is the entire absence of didactic teaching. Everything is practical. There does not seem to be any theory on any medical subject. This is perhaps the result of so much material. One becomes almost surfeited, stuffed to the last cranial gyration by the extraordinary number of cases shown in the course of a week. Text-books are used as references; they are not studied. One is landed in medias res immediately, no matter what the subject, and the rarest disease in the world may be the first one presented as if it were an every day



occurrence. The practical experience one acquires in this way backed up by the proper amount of reading cannot be estimated. There is no place in the world, I fancy, where there are such chances for observation. The teachers are excellent, and inspire confidence immediately as they speak out their differential diagnosis in short, concise sentences, counting off on the tips of their fingers the various allied diseases.

There was quite a thrill in our medical world lately at the fear of losing Billroth. He was called to Berlin, and even went on there to see about occupying the place; but fortunately for Vienna he has decided to stay here. He would be an inestimable loss. There is no man who draws so many to hear and see him on the continent, and if he should go to Berlin all would follow him. He had a torch-light procession with a serenade tendered him by the students for his favorable decision. I saw him extirpating a thyroid gland yesterday, an operation frequently done here, and I could not help being surprised by the man as well as the operator. Besides being a surgeon, he is, they say, the best amateur pianist in Vienna, and is devoted to art, buying all kinds of paintings in his leisure moments.

Chiari, the pathologist, has just been made Professor at Prague and will leave us in September. He is a man 30 years old, who has already made over 8,000 post-mortem examinations. A better teacher of pathology one could not wish for, while to see him make a post-mortem is a wonder. At a recent supper given in his honor one of the speakers said he could not wish for greater happiness than that of being post-mortemed—if I may use the expression—by his friend Chiari. All the examinations are written down, the interesting parts preserved and catalogued so that the museum is a mine of study and research. Such a man as Chiari, who

is gradually making a grand reputation for himself, we ought to have at the Johns Hopkins Medical School. Pathology would then be taught as it is nowhere else in the country. Indeed, there is no place in America where pathology is properly taught, and it seems to me that every city should have a pathologist who does nothing else, and to whom the practical physician may turn with confidence when he himself fails. A little dabbling here and there with the microscope, a partial examination—post-mortem—of an obscure case is not sufficient, it should be done thoroughly. A pathologist anywhere in Europe makes his living from pathology alone. He does nothing else; but he must do it well or another will take his place. He is always working, always learning, and above all always teaching. He is the foundation of practical and scientific medicine.

The bacillus tuberculosis—ever since Koch's article in an April number of the *Wochenschrift*—is the general topic of conversation in the medical world. Billroth says it is the discovery of the age. Everyone is convinced of its presence whenever there is tuberculosis. Dr. Councilman, who is working under and assisting Chiari, was one of the first if not the first in Vienna to discover the bacillus. It was no easy task at first but methods have improved so that now a little care, a good glass and a clear eye, will show them beautifully. Take the sputa of a consumptive, place a small drop on a cover glass, put another cover glass on it so that the drop of sputa is spread out, draw the glasses apart and let them dry. After drying heat them gently over a spirit lamp sufficiently to coagulate the albumen but not to burn it, then pour on to them a 2 per cent. solution of methylenblue or fuchsin in analin oil, let them stand twenty minutes and then wash off the excess of color with nitric

acid and a running stream of water. Be careful not to wash too much or too little. Then let them dry. Put a small drop of Canada balsam on a slide and the cover glass on top. Then with a good eighth, or better, a tenth, one can get a beautiful view of the bacilli like little rods colored blue or red.

One wonders how this discovery can be utilized clinically. Dr. Councilman is able to find the bacilli in every tissue of the body where there is tuberculosis as well as the sputa. They are not found in other sputa viz., pneumonia or bronchitis. Vienna is full of tuberculosis and one is struck with the number of cases of acute general miliary tuberculosis one has in the autopsy room. A favorite seat according to Chiari for the nucleus of the disease to lie dormant in in obscure cases is the suprarenal capsule; from this point frequently the acute disease starts leaving no organ in the body untouched. A post-mortem at home would frequently show miliary tuberculosis instead of typhoid fever, I fancy. The symptoms are very similar.

It would interest some of your readers to hear a short history of the following case occurring in Neumann's clinic the other day: A Russian Jew, æt. 34, and apparently in excellent health, appeared, having on his abdomen an erythema which, upon further investigation, was found to be lumpy. His abdomen looked as if covered with large varicose veins. Upon turning him round, under the right scapula, there was a half-moon shape tumour, about the size of a large watch, raised above the surface of the skin an eighth ( $\frac{1}{8}$ ) of an inch. There was no ulceration. The colour a light brown and the surface had the appearance of normal skin when viewed under a magnifying glass. This was the only tumour projecting above the skin. Various lumps could be felt on the abdomen, which were quite hard and

varying in size. The disease was seven years old. Leprosy, syphilis and sarcoma cutis, were the three possible diseases, and as the two former were excluded, both Neumann and Kaposi settled upon the latter, making a diagnosis of multiple sarcoma of the skin. Such cases are very rare, Neumann only having seen three in the course of his large experience.

It makes a strange impression on an American to go for the first time through the syphilis wards with the professor. Arranged in long rows on their backs, in bed, with nothing covering them from their knees to their navels, lie the men ready for examination. Standing round, with various implements and dressings, are five or six active women awaiting orders from their lord and master, the professor. The men are not allowed to touch themselves, so with their hands under their heads they lie there with anxious faces awaiting the next development in the treatment. Truly, it is a comical sight this mixture of the sexes *under the circumstances*.

Anæsthetics are rarely used, and that most painful of all operations—scraping lupus—is always done without them, no matter how large the surface involved.

Klebs, in Prague, now in Zurich, some time ago said he had been able to inoculate an ape with the secretion from a hard chancre, a statement which no one else has been able to confirm. Neumann has tried it frequently, inoculating the animals in every way. He showed one he had inoculated eight times since last February, once introducing a whole chancre under the skin of the back and sewing it in, but with entirely negative results. The animal shown the other day had not the slightest sign of any disease. The one of Klebs probably died of tuberculosis, a disease quite common among the apes.

One of the prettiest and most inter-



esting sights under the microscope is the bacillus of spenic fever (milz-brand), about which so much has been written lately. Dr. Councilman, whose work in this line as well as in gross pathology has been excellent, is cultivating the bacillus which he obtained from the mouse. The cultivation is not without its dangers, for it is a deadly poison in the blood. The gonorrhœa micrococci are also worth looking at, and I would suggest to some of your readers to take a little of the gonorrhœal secretion and put it through the same process above described for finding bacilli. The micrococci are seen as small dots inside the pus cells, arranged in fours, like a Maltese cross, or in heaps, something like a roll of bread. Pus, from a simple urethritis or vaginitis does not show them, a point to assist in diagnosis. I am inclined to think, however, from what I have seen in the laboratory, that these micrococci are found in any pus which is virulent. They have been seen in pus formed from a wound on the hand after sticking with a post-mortem knife. They show, apparently, the possibility of inoculation in whatever pus they may be found. R. B. M.

### SOCIETY REPORTS.

#### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MAY 5, 1882.

I. EDMONDSON ATKINSON, M. D., President, in the Chair.

(Specially reported for Md. Med. Journal).

Dr. F. N. Mackenzie contributed a paper entitled "A CONTRIBUTION TO THE PATHOLOGICAL ANATOMY OF LARYNGO-TRACHEAL PHTHISIS." (An abstract of which was given in the number of this journal for June 1, 1882.)

SPECIMEN OF PRIMARY MALIGNANT DISEASE OF THE ANTERIOR MEDIA-

STINUM.—Dr. Bevan related the following case: W. H., female, æt. 18, native of Bremen, came to this country six years ago in vigorous health. About three years ago she began to have a dry cough and pain at the junction of the third costal cartilage with the sternum. From this time (June, 1880) till her death (April 12, 1882) she remained an invalid. She came under Dr. B's care January 16, 1882, being thin and emaciated, with dry cough, occasional attacks of dyspnœa, amenorrhœa, extreme weakness, anorexia and constipation, interrupted by attacks of diarrhœa. An oval swelling,  $3\frac{1}{2} \times 2\frac{3}{4}$  inches, extended from the first rib downwards and to the left as far as the fourth rib. This had been growing slowly since June, 1880. It was firm, immovable, not sensitive, and the skin was freely movable over it. The axillary and cervical glands were enlarged on both sides, and there was also a large gland between the left cleficle and mamma. There was dulness from the second intercostal space, two inches to right of centre of sternum, downwards to the præcordial region; also slight dulness at base of lungs. Heart and liver normal. The case progressed unfavorably, and in March anasarca appeared with ascites sufficient to interfere with the breathing. The urine was highly albuminous and contained hyaline casts. Death occurred from gradual exhaustion. Two of this patient's mother's sisters had died of mammary cancer and uterine cancer respectively, a brother had died of a tumor involving the temporal and occipital bones and brain and pronounced to be cancerous by his physicians who made a *post-mortem*, one sister had some disease of the stomach, said to be cancerous, and another sister died of tuberculosis.

The *post-mortem* showed strong adhesions between lower portion of the sternum and pericardium and pleura;

a large, firm growth, about 3x3 inches, was attached to and involved the rest of the right lung, extending over the base of heart, arch of aorta and pulmonary vessels. No secondary involvement of internal organs was discovered. A large mesenteric gland was found near the pancreas which broke down in removal; it was rather cheesy in character.

*Dr. Coskery* was in doubt whether it were a cancer, or a case of Hodgkin's disease, of which there are several varieties. There was no enlargement of glands except along the mammary arteries. According to Reynolds' System, Hodgkin's disease may be limited to the thoracic glands.

*Dr. Tiffany* agreed in this opinion. In a girl of 19 it is almost unknown to find cancer running on for three or four years. The diagnosis can only be determined by the microscope.

*Dr. Bermann* had examined, microscopically, and pronounced the growth a cysto fibro-sarcoma, probably originating from the thymus gland.

*The President* was in very much doubt as to what Hodgkin's disease is. He saw an Irishman, a strong, hearty cellar digger, 55-56 years of age, who had hard cartilaginous tumors in the inguinal regions, neck, etc. He also suffered from some intra-thoracic growth. He was only seen once, but an unfavorable prognosis was given and the man died in two or three weeks. This was a case of Hodgkin's disease but without any of the pallor, or depression, or diminution of red corpuscles. More than one kind of growth is classed under this title, as the malignant sarcoma and simple hyperplasia of glands. In the case of *Dr. Bevan* no examination of the blood was made.

FOUR HUNDRED AND FORTY-ONE LUMBRICOID WORMS PASSED BY A CHILD.—*Dr. Pole* exhibited a girl 7 years old who had passed 441 lumbricoid worms. The symptoms were

emaciation, cramps, flushes, etc. The treatment had been santonin, calomel and chenopodium.

*The President* said it was remarkable that so many worms could be contained in the body with so few symptoms.

*Dr. Michael* exhibited specimens from a case of DISLOCATION OF CERVICAL VERTEBRÆ WITH SPONTANEOUS REDUCTION AND FRACTURE OF THE STERNUM WITHOUT EXTERNAL MANIFESTATION IN THE SAME PATIENT. The subject of the injury was an Italian seaman, æt. 40, who fell into the hold of a vessel. Paralysis ensued below the level of the nipple. There was intermittent priapism persisting until near the end. Nothing was discovered along the spine to indicate lesion there, but there was evidently a grave lesion of the cord. There was no tender spot on the vertebræ but pain was complained of in the cervical region. Respiration was carried on entirely by the diaphragm. Death ensued on the third day. *Post-mortem*: No lesion found up to cervix. There had been a dislocation of the fifth on the sixth cervical vertebra which had been reduced in the movements of the patient. The anterior common ligament was disconnected from the sixth cervical vertebra, the ligamenta subflava were destroyed, the intervertebral substance between the fifth and sixth vertebræ was entirely destroyed. The cord was inflamed and compressed and its lower part congested. The sternum was found fractured on its posterior surface where the periosteum was ruptured; anteriorly the periosteum was not ruptured. There was no evidence of injury of the sternum during life. The lung had been lacerated and the mediastinum was emphysematous. The urine had to be drawn with a catheter.

*Dr. Coskery* never saw a case of dislocation of the cervical vertebræ without fracture and doubted it. He had reported a case of this



accident in which the patient died on the eighth day. There was no priapism in this case. He had never seen priapism from vertebral injury which was not seated above the fifth cervical. He has a patient who fell one flight of stairs, producing a fracture of the sternum, for which he has been kept on his back for two weeks. There was dyspnœa at first but he is now well enough to go home.

*Dr. Tiffany* reported the case of a sailor who, after a fall, had a depression in the site of the ninth and tenth dorsal vertebræ and was paralysed from thence downwards. Priapism ensued, first persistent, then intermittent, disappearing before death. Fracture of the vertebræ was found *post mortem*. This was the only case in which he has seen priapism occur from injury so low down. But Van Buren and Keyes report a case in which a fall on the sacrum produced priapism.

*Dr. Chambers* said that Hunt, of the Pennsylvania Hospital, says that injury of the sympathetic causes priapism. This is more likely to be produced in lesions of the cervical region.

*Dr. Miles* said this was true, since injury of the nerves causes dilatation of the vessels. But we can't draw the distinction since the sympathetic contains cerebro-spinal nerves.

INCORPORATED.—The Ex. Com. reported that the Society had been duly incorporated under the laws of the State.

## REVIEWS, BOOKS & PAMPHLETS.

*The Change of Life in Health and Disease: A Clinical Treatise on the Diseases of the Ganglionic Nervous System Incidental to Women at the Decline of Life.* By EDWARD JOHN TILT, M. D., etc. Fourth Edition. P. Blakiston, Son & Co. Phila.: 1882. 8vo. Pp. 184. Paper Covers, 75 cts.; Cloth, \$1.25.

The author congratulates himself that the class of whom he here writes "have fortunately reached that most enviable time of life when the womb is well-nigh safe from the onslaught of American surgery and the more vexatious, permanent irritation of pessaries that do not fulfill their object, and that in a perfect spirit of peace he may set himself to describe the closing scenes of the life of women." What is the significance, we may ask, of the indisposition of such men as Charles West, and Matthews Duncan, and E. J. Tilt to adopt the surgical methods of treating uterine diseases now so generally in vogue, especially in this country? Is it owing to a natural timidity on their part, to their failure to give due prominence to this side of gynecological practice, or to a superior judicial discernment which enables them to rise above the folly of the age and see the vanity and uselessness of many of the measures now recommended as posterity will see them? The subject deserves reflection to say the least.

The ages 42, 49 and 63, in the life of man, are, according to the author, characterized by features that are distinctive. He well says that the study of these epochs, whilst of most importance, has been thoroughly neglected. Hosts of odd ailments occur at these periods that find no place in medical literature; this volume proposes to supply the defect so far as women are concerned. Many of these affections are to be ascribed to the ganglionic division of the nervous system, and this new field in pathology is much elucidated by the author's clinical researches.

His views and conclusions are based upon a large experience, both in hospital and private practice, much of which is concentrated in the 35 tables given in the volume.

Whilst it is true that only the *minority* of women suffer in passing through the change of life, it is also

true that there is a disposition too prevalent to ignore the gravity of many of the complaints which they make at this period, and thus to neglect to give proper attention to ailments which are not only serious and productive of suffering in themselves but which may thus advance unchecked beyond the stage of curability. We cannot, therefore, thank the author too much for giving us a work that whilst exhibiting occasional eccentricities of syntax and diction, will yet compare favorably in matter and manner with the best English classics.

*The Psychology of the Salem Witchcraft Excitement of 1692 and its Practical Application to Our Own Time.* By GEORGE M. BEARD, A. M., M. D., etc. G. P. Putnam's Sons. New York: 1882. 8vo. Pp. 112. Price \$1.25. From Cushings & Bailey, Baltimore.

The professed design of this work is to present the author's views as to the psychological explanation of the witchcraft excitement which prevailed at Salem, in Massachusetts, in 1692, and resulted in the execution of nineteen persons on the charge of being witches. The subject is a most interesting one, relating to an American phase of a great superstition which, based upon a supposed voluntary compact between the devil and certain human agents, and strengthened by the sanction of the church, spread all over Europe, causing in Germany, according to estimates, 100,000 deaths and in England alone 30,000. The author seems to have had more particularly in view, however, to discuss the question of the legal responsibility of Guiteau. He connects the two subjects by certain analyses which he traces but which are not so readily apparent, perhaps, to others. With regard to the assassin, he takes his insanity for granted, regarding him as the subject of a religious monomania. The question, shall insane

criminals be punished, he settles emphatically in the negative. That Guiteau knew right from wrong he admits, but so he declares have most of the insane who have been guilty of murder; they know what they do but cannot help doing it. Dr. Beard presents a very strong case, and there is much truth in the statement that the result in the assassin's case might have been different but for the public odium in which the criminal was held, and the prominence and sufferings of his victim.

*Proceedings of the Connecticut Medical Society.* Ninety-first Annual Convention held at New Haven, May 24th and 25th, 1882. Hartford: 8vo. Pp. 201.

This society appears to be in a very flourishing condition, having 450 members, 30 of whom were added during the year. Its prerogatives seem to be quite extensive. The Yale Medical School is under its control to a considerable extent, the professors being nominated by it and the examinations of graduates and granting of degrees being entrusted to a committee of its appointment. Each county in the State has a medical society in close affiliation with the State organization and contributing annually towards the support of the latter.

Several matters of importance were acted upon at this meeting. The proposition to establish a lunacy commission in the State was voted down nearly unanimously (it would be well for the committee of our Maryland Faculty to look into these discussions, as the question seems to have been very thoroughly investigated). A series of resolutions condemning the action of the New York Medical Society were laid on the table without a dissenting vote. The alleged reason of this action was to avoid ethical excitement, of which it appears they have had a surfeit in



Connecticut. A committee was appointed to bring before the legislature the general importance of establishing medical examiners in place of coroners, as has been done with so much alleged benefit in Massachusetts. The President's Address is devoted to the Treatment of Phthisis; it is very brief and omits so important an item as antiseptic inhalations. Of the other papers, Dr. Geo. L. Porter contributes an interesting and practical essay on the "Recognition of Death;" Prof. C. A. Lindsley one in opposition to the use of proprietary medicines. But the most valuable paper in the volume is one by Prof. F. E. Beckwith, of Yale College, giving a critical and historical resumé of Laparo-Elytrotomy—"Thomas' Operation"—and of the eight cases performed by Thomas and others. This article will prove a valuable field of reference for those specially interested in the subject.

*Transactions of the Medical Society of West Virginia.* Fourteenth and Fifteenth Annual Sessions, 1881 and 1882. Wheeling, 1882. 8 vo. pp. 183.

When we remember that this volume emanates from a society that was only organized in 1867 and in a state composed mostly of mountainous and thinly settled country with but one city of any considerable size in it, we find indications in it of much promise for its future. The present state of professional affairs in West Virginia is due chiefly to the influence and efforts of one man, Dr. James E. Reeves, of Wheeling. He issued the call for the profession to assemble for purposes of organization, and from him emanated the State Board of Health Law, one of the first fruits of which is seen in this volume and which may well serve for a model in other states. This law, enacted in March 1881 and amended March 1882, provides not only for the ap-

pointment of a State Board of Health with an appropriation of \$1500 annually for its support, but it also requires the registration of all physicians in the State upon presentation of an acceptable diploma or in lieu thereof submitting to a satisfactory examination by the State Board. County Boards are also provided for, to be *nominated* by the County Courts but *confirmed* by the State Board, and to be paid for services rendered and expenses incurred out of the county treasuries. We learn from the address of the President, Dr. Reeves, that 52 of the 54 counties in the State have local boards in operation. Ample powers are granted local boards to establish quarantine in counties, districts or places. As to the effects of registration: That the law is no mere dead letter is shown by the figures. The total number registered in the State, including graduates (442) ten year practitioners (358) and licentiates (101) is 901. Of the graduates 460 are regular, 23 eclectics and 11 homœopaths. In the ten year class all shades of practice are represented, although the great majority are regular.

The membership in the society is 86, out of 600 or 700 regular physicians in the State.

The address of the late President, Dr. Reeves, is a *chef d'oeuvre* in its way, being energetic, practical and aggressive. It cannot fail to exercise the most salutary influence within the State. The influence of the health and registration law is evident in the preponderance of attention paid to such subjects. Of the 15 papers in the volume 6 relate to hygiene, medical education or ethics. Of these we would particularize as especially creditable two bearing the following titles: "Public Health or Sanitary Science" by Dr. T. B. Camden, of Wheeling; and "Synopsis of Observations on some of the Relations of Meteorology and Disease," By Dr. E.

A. Hildreth, also of Wheeling. Two are devoted to ovariectomy, of which five cases are reported with four deaths. Dr. W. H. Sharp, of Volcano, presents an interesting report of "Five Hundred Cases of Midwifery," and Dr. S. B. Stidger relates a "Case of Sudden Death from Rupture of the Pulmonary Artery."

The Profession of West Va. are to be congratulated on the good work they are doing and on the bright prospects that the future seems to have in store for them. May their zeal in the cause of science and humanity know no abatement.

*Medical College of Virginia, Richmond.* Announcement of Session of 1882-83, and Catalogue of Graduates for Session of 1881-82. 8 vo. pp. 16. = *Treatment of Consumption Indicated by the Discoveries of Koch and Others of its Parasitic Origin.* By M. L. JAMES, M. D., Prof. Mat. Medica and Therapeutics in Medical College of Va., Richmond, 8 vo. pp. 4. = *Medical College of Ohio.* Sixty-Fourth Annual Announcement with Catalogue. Session of 1882-83. Cincinnati, 4 to. pp. 23. = *Michigan College of Medicine, Detroit.* Announcement for Session of 1882-83. 8 vo. pp. 14.

### EDITORIAL.

THE CASE OF DEATH DURING CHLOROFORM ANÆSTHESIA.—In our last issue, a brief report of a case appeared in which sudden death had occurred in this city during the inhalation of chloroform. It was stated that there had been no *post mortem* made. This statement was based upon the fact that the coroner, who had been notified of the event, had declined to hold an inquest, and hence it was supposed no autopsy would be held. But subsequently to our writing the friends of the patient insisted

upon an examination of the body and this was accordingly made twenty-three hours after death. It was fortunate for those concerned that affairs took such a turn for the revelations of the scalpel threw an entirely new and unexpected light upon the case, which thereby became invested with very rare interest. We are glad to lay before our readers in the present issue a full report of the case by the attending physician, Prof. L. R. Coates.

The *post mortem* examination was made by the coroner, Dr. E. R. Walker, assisted by Dr. Coates. The microscopical examination was entrusted to Dr. A. G. Hoen, of Waverly, who has the reputation of being an accomplished histologist, but who, as stated in the report, was unable to ascertain the nature of the fluid found in the abdominal cavity owing to the decomposition which had taken place.

Rupture of the spleen is an exceedingly rare lesion and at all times of interest; in the present connection it becomes doubly so. The indications and probabilities in the present case point strongly to a diseased state of this organ—probably—as Dr. C. has stated—an abscess, following traumatic injury. If death were due to the ruptured spleen, is it not rather to be attributed to hemorrhage? The emptiness of the heart excludes the idea of shock. The same condition, as also the absence of cerebral anæmia—if the views of Nélaton and all modern authorities, we believe, except Koch be true—would indicate that chloroform is not to blame. We see no reason to suppose that the artificial respiration was responsible for the ruptured organ, which is more rationally attributable to the powerful muscular effort made by the patient under the first intoxicating influences of the anæsthetic.

The case is unique so far as our knowledge and reading go and we are glad to have the opportunity of presenting it to the profession through the columns of this JOURNAL. Our



only regret is that the report cannot be made more complete.

Does not this case suggest that in others of reported death from chloroform—which is also proportionately exceedingly rare—there may be some other explanation? At any rate, it teaches caution in too readily and without the evidence of an autopsy, attributing the fatal result to the anæsthetic.

**A MODEL (?) INSTITUTION.**—The revelations brought to light through the instrumentality of Dr. James E. Reeves, of Wheeling, in reference to a medical college located in Columbus, Ohio, and known as the "Columbus Medical College," are so damaging to its reputation that we can hardly see how it can survive the odium into which it has been cast by them. One of the faculty, Dr. J. F. Baldwin, declared that "one man was graduated" from this institution "who didn't know what the iris was, nor the pupil; could not locate the mitral nor tricuspid valves; placed the valvulæ conniventes in the *brain*, and the ileo-cæcal valve in the *rectum*!"—adding "there were several of that sort." For this exposure it appears he was summarily ejected from his professorship. This has led him to make further revelations from which we learn that the leading spirit of this so-called college is a Dr. Hamilton—the Professor of Surgery—who owns the college building and a majority of the stock, so that he elects his own trustees and through them causes himself to be elected Treasurer and Secretary of the Board, and to be placed in charge of the building, and even of the dissecting material. Dr. B. also states that diplomas have been granted after attending but one course, or a small part of one course, or even *without attending any course* at all; that there are no hospital or clinical advantages except a surgical clinic once weekly, no museum worthy of the name, none but

the crudest means of instruction and only an ill-arranged college building. Yet this professes to be a *regular* college and is a member of the "American Medical College Association."

We have now in this city four medical colleges, with the prospect of a fifth in the not distant future. There will necessarily be a keen rivalry between some of these and the desire for large classes and success will prove a strong temptation to relax in the requirements relating to attendance, fees and examinations. Let us be doubly careful that no just ground for censure attach to us. Better that the colleges should perish than that the honor and usefulness of the profession should be sacrificed.

May heaven defend us from ever witnessing in this community such things, or any approach to them, as have been brought to light in Columbus. May no rivalry, no supposed necessity, no engrossing self-interest, induce the authorities of *our* colleges to make any such sacrifices of decency, principle, and morality.

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## MISCELLANY.

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**CEREBRAL LOCALIZATION.**—In the *Med. News*, Dr. H. J. Berkley publishes an interesting case bearing upon this question. The patient was a gentleman, æt. 73, who had suffered many years from mitral and aortic disease. About two and a-half years before death he was suddenly seized with twitching of the left angle of the mouth, apparently limited to the zygomatic muscles, unattended with unconsciousness or other symptom of cerebral disturbance and continuing unaltered to death. At the autopsy the cerebral membranes were healthy, the cerebral arteries were atheromatous to their smallest visible branches; no embolism or rupture found. The convolutions were very intricate; "on the ascending frontal convolution of

the right side,  $1\frac{1}{2}$  inches above the margin of the Sylvian fissure, in a location corresponding to the seventh centre of Ferrier, a nodule of calcareous degeneration was found, of nearly circular shape,  $\frac{3}{16}$  inch from side to side, and of a corresponding diameter from above downwards. The depth was very slight, certainly not greater than half of the thickness of the cortical grey matter." Remainder of brain healthy. Dr. B. suggests that the lesion was an arterial occlusion probably embolic, which underwent calcification. The case is of very great value, as the lesion was of minimum size, was unaccompanied by any other cerebral lesions and was the cause of distinct and well-defined motor disturbance.—*London Lancet*, Aug. 5.

IMPROVED BED-PAN.—A *Mr. W. F. Morgan*, of Leavenworth, Kansas, (*Sci. Amer.*) has introduced and patented a bed-pan, which no doubt will meet with immediate favor with the profession. It has a cushion permanently attached to a grooved socket in the thin end of the pan. This cushion is made of soft rubber stuffed with curled hair and is of such form as to protect the sacrum from uncomfortable pressure. The pan is provided with a flexible stoppered tube, through which water may be removed from the pan when large quantities of it are used for injections or other purposes. This improvement permits of using the pan continuously for such purposes without removing it.

AMER. DERMATOLOG. ASSOCIATION.—The programme of the 6th Annual Meeting to be held at Newport, R. I., Aug. 30th and 31st and Sept. 1st gives promise of an unusually interesting and profitable session. Besides the address of the President—Dr. J. Nevins Hyde, of Chicago—13 papers are announced by the following gentlemen: Drs. Hyde, Hardaway, Heitzmann, Taylor, Rohé, Piffard, Van Har-

lingen, Robinson, White and Atkinson. We hope to lay before our readers in our next issue a succinct report of the proceedings.

DOES QUINIA INCREASE OR LESSEN INTRACRANIAL BLOOD-SUPPLY?—Those who have given it in small doses, say 2 to 5 grains every 4 hrs., have seen the pulse increase in force and frequency, the conjunctivæ injected and retinal vessels full and the activity of the functions generally raised above the usual level. They hold therefore that quinia increases the intracranial circulation. Experimental evidence has also been adduced. The meninges of animals exposed, the membranes are seen under the action of quinia to become more vascular and the cephalæmædynameter registers higher intra-cranial blood-pressure. The very opposite conditions are observed when large doses are administered, say 3i or more. Then the pulse is slowed, the face grows pale, the retinal vessels become small and there is much of that tinnitus and vertigo significant of cerebral anæmia. Experimental researches show that the cerebral meninges are pale, exsanguine, and blood-pressure low. Still more conclusive is that accidental experiment made on man—the quinia amaurosis—in which there is an extreme pallor of the optic discs, the vessels of the largest size appearing as minute threads, and large numbers of vessels usually in view have disappeared. Several examples of this kind have been observed by Knapp and other ophthalmologists after the exhibition of large doses of quinia.—*Bartholow, Med. News*, Aug. 26.

GEN'L BUTLER AS A SANITARIAN.—In the Aug. number of the *Sanitarian* Dr. *Stanford E. Chaille*, of New Orleans, takes exception to a statement made in Dr. McSherry's article entitled "The City Needs a Change of Air," attributing valuable sanitary re-



forms to Gen'l Butler during his command in that city from May 1st to Dec. 16th, in 1862. He gives the following statistics: During 1861 the civil population was very large and there were many unacclimated citizens and Confederate soldiers in the city; yet there was not one case of yellow fever and the total mortality was 5,772. During 1862 the civil population, he is firmly convinced, was much diminished; yet the mortality was 6,278, two of which were from yellow fever. In 1863 the mortality was 7,172, with two reported deaths from yellow fever in the civil population and about 100 in the river fleet. In view of these statistics he cannot appreciate the "sanitary results" repeatedly and persistently, from 1862 to the present, claimed to have been achieved by Gen'l B.

**WALSH'S RETROSPECT.**—We regret to learn that owing to the increase of duties connected with the *National Vaccine Establishment*, of which the editor is director, this valuable journal and exchange, embodying all the choice American medical periodical literature, will be suspended for the present. The editor expects to resume its publication in January 1883, when the remaining numbers of vol. III. will be issued.

**SPONTANEOUS RUPTURE OF THE STOMACH.**—*Lanschener* (*Wiener Med. Blatt*) reports the case of a woman, æt. 70, who for years had had an immense umbilical hernia, who in an attack of vomiting after drinking copiously of water, heard an explosion, experienced a sharp pain and died in collapse in thirty hours. At the autopsy the small intestine and pyloric end of the stomach were found in the umbilical orifice, only the body of the stomach and the large intestine remaining in the abdominal cavity. In the posterior wall of the stomach there was a rupture more than two-fifths of

an inch long; the abdominal walls seemed healthy.—*L'Abeille Med., and Med. News.*

**CASE IN WHICH THE NECK WAS TRANSFIXED WITH A WALKING STICK.**—The *Lancet*, June 1882, records a case where a lad was walking along the side of the curb carrying a stick as thick as his index finger, when he slipped and fell upon it. The blunt point entered his neck on the right side and passed out projecting two inches on the opposite side. With his neck thus transfixed he walked 250 yards to a doctor who pulled it out and sent him on to the hospital. Very little blood had escaped from the left wound; none from the right. There were really no symptoms, and evidently the stick had passed between the vertebræ and pharynx without wounding any vessels. The case is of interest as it illustrates the ease with which a blunt pointed instrument pushes aside without injury the large blood-vessels.—*Dr. R. Neale, Lond. Med. Record.*

**STATISTICS OF MEDICAL JOURNALS.**—According to Dr. Dureau, Librarian of the Académie de Médecine (*Le Progrès Medical*), the number of journals in France and her colonies is 147; in Germany 133; Great Britain 69; Austria 54; Italy 51; Belgium 28; Spain 26; Russia 26; Holland 16; Switzerland 10; Sweden and Norway 9; Denmark 5; Portugal 6; the Danubian Principalities 4; Turkey 2; Greece 1; total in Europe 583. In America there are 183; in Asia 15; Oceanica 2; total throughout the world 785. Over 2500 have been established since 1679.

**SYPHILITIC REINFECTION.**—*C. Pelizzari*, of Florence (*Lo Sperimentale*, March 1882, reports the case of a man who consulted him with phymosis, preputial discharge and enlarged inguinal glands following suspicious intercourse. Marked induration of corona

followed and in time a macular syphilide preceded by osteocopic pains. He said he had suffered with venereal sores 10 yrs. before and had also then infected his wife whose child also showed signs of syphilis soon after birth. Prof. P. Pellizari had attended this woman seven years before for syphilitic perforation of the septum nasi. About six weeks after the man came his wife was examined; an indurated sore was found on the fourchette and there were enlarged inguinal glands. A month later a macular-papular syphilide appeared. Clear proof is here afforded of two attacks of syphilis in this woman. She suffered severely in her second attack although almost continuously under treatment for the previous ten years. The man's attacks were both mild.—*Lond. Med. Record.*

**PORRO'S OPERATION IN ITALY.**—From a return published in the *Annali de Obstetricia* for August, we learn that, since its introduction in 1876, Porro's operation for the removal of the uterus and ovaries, complementary to Cæsarean section, has been performed in Italy 38 times. Death occurred in 24 and recovery in 14 cases, or 36.9 p. c. Of the successful, as many as 6 were operated on in the Lying-in Hospital of Milan, in the practice of Profs. Chiara, Mangiagalli and Negri.—*Brit. Med. Journ.*, August 19.

**SELF-HELP.**—Our great anxiety, our great strife, should be to be a self-governed profession—to know our own wants, and not to go to others to help us; to find out the remedies for ourselves; to find out by careful, patient controversy and mutual concessions, how we may without any external help, bring about the results which the best and the largest number of us wish for. None can know so well as ourselves our need; none can know so well the remedy we require.—*Sir J. Paget.*

**ESMARCH ON THE TREATMENT OF PRESIDENT GARFIELD.**—In a lecture before the Phil. Soc. of Kiel, E. concludes (1) that the wound of the President was not in itself absolutely fatal; (2) that the bullet was not the cause of the septic suppuration which led to the fatal result; (3) that the cause of this was introduced from without, and that as contributing directly or indirectly to this were the errors of repeated probing and examination of the wound with instruments and fingers not rendered aseptic, failure to dress the wound aseptically, syringing out the wound with fluids not sufficiently antiseptic and failure to give complete vent to "bagging" pus; (4) that there was no true pyæmia but only metastatic inflammation of parotid; (5) that the cause of death was hemorrhage, moderate but in one with strength undermined by septic fever, decubitus, bronchial catarrh and hypostatic pneumonia; (6) that injury of splenic artery by bullet or splinter of bone would not have led to false aneurism except for the establishment of putrid suppuration.

He asserts that the surgeons did too much rather than too little and surmises that if the ball had not been searched for and the wound had been dressed aseptically the patient would be alive now.—*Lancet*, Aug. 19.

**ONE HUNDRED CONSECUTIVE OVARIOTOMIES WITH THREE DEATHS.**—*Mr. Lawson Tait* read a paper on 100 consecutive ovariectomies performed during the last 13 or 14 months, in which no kind of antiseptic measures was employed. Of the three deaths, one was from choking during vomiting, and two from venous thrombosis starting at the pedicle and spreading up to the heart. Six were pregnant, one in addition had acute peritonitis—all recovered, and five had children at term. Four with acute peritonitis at the time of operation recovered.



In two there was solid fibroma of left ovary; in 98 cystoma (ovarian or par-ovarian). In 53 there were serious adhesions but this did not add to the mortality. Of the fatal cases there were no adhesions in two and slight parietal adhesions in the third. In 17 the tumor was sessile. All were dressed with dry absorbent cotton-wool; in one-twentieth the wound opened and was dressed with zinc ointment or red lotion. T. attributes improved mortality to the abandonment of the clamp, thorough cleansing of peritoneum, drainage, increased experience, diminished tapplings (in the two dead from thrombosis 16 and 30 tapplings respectively had been done), abandonment of antiseptics, and hospital discipline and hygiene.—*Lancet*, Aug. 19.

### MEDICAL ITEMS.

SPENCER WELLS has performed 71 ovariectomies since May 1, 1882, when he completed his 1,000 cases. Of the 71, including many rejected as unfavorable by other surgeons, the mortality was 4.—Dr. W. T. Councilman returned from Vienna on the 26th ult.—Mlle. Rosing Pleikel, M. D. (Paris), has been nominated city physician of Helsingfors, Finland, upon the petition of 700 citizens.—The antipyretic effect of quinia is now universally admitted, but a strange misconception exists in the minds of some as to the quantity required. That the normal temperature is depressed by quinia, is true only of enormous doses and to a slight extent, but the rise of body-heat produced by active exercise and by the febrile process, is prevented by 9 to 3 doses, but not less will succeed. To give small doses at short, regular intervals, to stimulate the organic functions, and large doses to lessen their activity, is a strictly logical process.—*Bartholow*.—Dr. Francis Atwood, of St.

Paul, a prominent ophthalmologist, died August 5th, æt. 36.—Dr. H. J. Bigelow, of Boston, received 6,000 francs from the French Academy, as a prize for his improvements in lithotripsy.—The 300th anniversary of the University of Würzburg was celebrated Aug. 1st to 4th.—Dr. D. H. Cullimore, *Lancet*, Aug. 12th, reports a successful case of hydrophobia treated with aconite.—The costliness of medical books is attracting increased attention.—The Philadelphia County Medical Society has instituted an annual course of lectures. The first course will be delivered the coming winter by Dr. Austin Flint on "Practical Points in the Physical Exploration of Visceral Diseases."—The dose of digitalis to be given as a heart tonic is the minimum quantity necessary to produce the effect, and this must not be continued so long as to endanger the working power of the motor apparatus.—*Bartholow*.—The Stewart prize—50 guineas—of the British Med. Ass'n was conferred upon Dr. Vandyke Carter, of Bombay, for his researches on Spirillum Fever. —Eight hundred members attended the recent meeting of the Brit. Med. Ass'n.—Lawson Tait records a third successful case of cholecystotomy.—It is rumored that a pathological laboratory will shortly be established at the University of Maryland and placed under the direction of a gentleman well known for his attainments in this field.—A death from chloroform at Guy's Hospital occurred on the 9th ult. in a man æt. 36, about to have a crushed thumb amputated. A fatty heart was found.—Works of Galen supposed to have been lost have been found in manuscript in Salonica; they date from the 14th century.—M. Saint Paul offers the French Academy \$5 000 to found a prize for the discovery of a cure for diphtheria, competition to be open to all the world and not limited to the medical profession.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

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WHOLE No. 94.      BALTIMORE, SEPTEMBER 15, 1882.      VOL. IX, No. 10.

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## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPER.

#### ON THE CONTINUOUS INHALATION OF THE VAPOR OF SLACKING LIME IN THE TREATMENT OF MEMBRANOUS LARYNGITIS.

BY EUGENE F. CORDELL, M. D.,

Professor of Materia Medica and Therapeutics,  
Woman's Medical College of Baltimore, etc.

The most obvious and pressing indication in the treatment of this formidable affection is the relief of the mechanical obstruction offered to the breathing by the presence of the exudation in the narrow rima of the glottis. The difference in the fatality between cases in which the pharynx alone is involved, and those in which the false membrane extends also into the larynx, cannot be ascribed solely to the mere additional extent of surface involved, but is manifestly due to the accidental character of this surface. Were efficient measures available for overcoming or obviating the effects of the obstruction, there is no

apparent reason why the laryngeal affection should be much if at all more fatal than when the condition exists only in the pharynx and nasal cavities. The indication referred to has been duly recognized by most modern authorities and various measures have been resorted to in order to meet it, both mechanical and chemical. Among these may be enumerated astringent and caustic applications, inhalations of steam, lime and oxygen, internal antiplastic agents, especially calomel, tracheotomy, and catheterization. Of these it is believed that the utility of none rests upon more solid and demonstrable proofs than inhalations of lime. This article will be limited to a consideration of this measure and especially to its employment by means of the fumes of lime in process of slacking.

To Küchenmeister, of Dresden,\* is due the first observation of the powerful solvent effects over diphtheritic membrane possessed by lime. Prof. Biermer, of the University of Berne, was the first to utilize the discovery

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\**Bull. Gen. de Therap.*, Apr. 15th, 1865.



upon the human subject.\* Shortly after a demonstration before his class of the rapid solution effected by immersing a portion of membrane in a tumbler of lime water, a girl, aged 17, was admitted into the hospital under his care, with a croup of four days' duration. She was almost choked, cyanotic and insensible. Portions of membrane were ejected after the administration of powerful irritants. Inhalations of atomized lime-water were at once begun and with evident improvement. The intensity of the symptoms diminished, the expectoration became purulent, cough and fever gradually abated and complete recovery ensued. M. Biermer and all who saw the case were convinced that the inhalations had a solvent effect upon the membrane. Küchenmeister shortly after published a case of diphtheritic laryngitis in a child  $3\frac{1}{2}$  years old, and Brauser one in a child aged  $4\frac{1}{2}$ , both successfully treated by the same means.†

Dr. A. Geiger, of Dayton, Ohio,§ having read of these cases, was induced to try the lime in a very fatal epidemic of diphtheria, which prevailed in his town in the fall of 1865. For want, no doubt, of suitable facilities, he resorted to the fumes of *slacking* lime, obtained by pouring hot water on lime in a saucer held beneath the patient's face, a cloth being previously thrown over the head. His results were highly favorable, seven out of eight cases being saved by it.

\**Op. Cit.* Dr. Charles H. Jones, of this city, informs me, however, that he employed inhalations of slacking lime and also of lime water in the case of the child of an officer at Fort McHenry, affected with diphtheritic laryngitis, in 1863. The slacking lime was used once daily for four days, and the lime water in the intervals. The child recovered. Dr. J. twice resorted successfully to slacking lime in 1879 in very bad cases. He thinks the first suggestion as to the use of this agent was obtained in conversation with the medical officers associated with him in the military hospital.

†*Op. Cit.*

§*Med. and Surg. Reporter*, March 24th, 1866.

Numerous observations confirmatory of these reports have since appeared. Dr. J. H. Hobart Burge\* reports cases in *articulo mortis* saved by inhalations of slacking lime, which he prefers greatly to the atomized lime-water. Steiner† has found no application so efficacious in croup as lime-water. Cohen, who like Burge, prefers the slacking lime, is one of the strongest advocates of this method. He says‡—"I know of no treatment of recent introduction which has satisfied the claims advanced in its introduction more thoroughly than that of the fumes of slaking lime in diphtheritic deposits upon the upper air-passages." And again—"I have seen numbers of children saved by this treatment, who, to the best of my judgment, would have perished without it, some of them being cases in which it was believed that tracheotomy held out no chance of a successful termination." Much additional testimony could be adduced, as most modern authorities recommend the use of lime in some form and with greater or less stress. But in all these instances only an *intermittent* use is proposed. The nearest approach to continuous use that has come to my notice, is given by Flint;§ he states that in the case of a child of Prof. Elliott, who recovered, a barrel or more of quicklime was slacked daily in the room.

The following experience occurred to me: In a family nearly related to myself, a child aged  $3\frac{1}{3}$  years, was attacked with diphtheritic laryngitis (a typical case of so-called "true" croup) and died after about 36 hours' illness, notwithstanding a resort to tracheotomy. No steam nor lime was used. Some years after, another child in the

\**N. Y. Med. Journ.*, July 1870.

†*Ziemssen's Cyclop.*, vol. iv, p. 265.

‡*Dis. of Throat and Nasal Passages*, 2nd ed., 1880, p. 175.

§*Practice*. Fourth ed. Treatment of Laryngitis with Exudation.

same family, aged 20 months, was attacked with identical symptoms and upon examining the throat a membranous deposit was found covering the left side of the fauces. I determined at once upon the following plan and put it into execution without delay: I procured two narrow pieces of board and fastened them in an upright position to the foot-posts of a double bed. Their tops were connected with each other and also with the ends of the head-board of the bed by means of rope; a piece of rope also extended from the centre of the head-board to the lower cross rope. Over this ropework arrangement I placed sheets, pinning them securely and forming a sort of tent about four feet in height and breadth and six feet in length, and covered on all sides. The child and its mother (who was willing to submit to anything that promised to save the life of her little darling) were now placed in this tent and a vessel of water soon set to boiling within it.\* Into this boiling water every few minutes a lump of lime was thrown, and this was kept up faithfully day and night for five days. To secure a still greater effect two basins were also placed inside the tent in which lime was slacked from time to time. During this time the mother remained with her child, feeling like myself assured that safety depended upon the faithful execution of my orders. She did not, however, find it oppressive, although both herself and the little patient were constantly bathed in perspiration. She even recovered from an unusually severe cold from which she was suffering at the beginning of the treatment. The fact that no great discomfort was experienced in so confined an atmosphere must be ascribed to the absorption of the carbonic acid of the expired breath by the lime, the odor of which was very

perceptible in the atmosphere of the tent. The case was a very serious one and hope was well-nigh abandoned on one or two occasions; but by the timely use of turpeth mineral the liquified membrane was removed, and the threatening symptoms disappeared. After the fifth day improvement was so manifest that a gradual relaxing of the method was begun, and in a few more days it was entirely discontinued. The results of treatment could not have been more obvious and satisfactory, recovery being rapid and complete. As soon as the child was well enough to travel it was taken on a visit to friends in Washington. After three weeks absence it returned and occupied the same room. Some days later its brother, aged 6, who had been sent away shortly after the beginning of its illness but had returned and now occupied the room with it, was attacked with a severe pharyngeal and nasal diphtheria, which lasted for several weeks.

Dr. H. F. Hill, of Baltimore, has proposed and employed with satisfaction a modification of this method. He placed the child on a mattress on the floor beneath a table over which a sheet was thrown. But this could only be done with older children; to carry out the method effectually the presence of the mother or nurse within the tent is generally essential.

Of the desirability of the *continuous* use of an agent, the solvent effects of which upon diphtheritic and croupous membranes is capable of such ready and positive proof, in a disease of such terrible fatality as membranous laryngitis, would seem to need no argument. The effect under any circumstances must fall far short of that witnessed in the artificial experiment, where the agent comes in contact with the membrane on all sides. Time, then, is an all important element in the treatment and its value is impressed upon us by all writers. Yet, so far as my knowledge extends, no one has sought to

\*A tin stand containing a vessel for alcohol can be readily procured for a small sum.



obtain the continuous effect of lime or has suggested a method for securing it readily available.

In conclusion, the advantages of the method proposed may be stated to be—

1. It is simple, safe, economical and universally applicable.\*

2. It secures the most efficient form in which the application of lime can be made,† and is that most nearly approaching the artificial solution outside the body.

3. It secures the *continuous* use of an agent, generally recommended intermittently and whose utility is unquestionable, and it is the only method that will do this.

4. It secures at the same time, and without extra trouble, the advantages of an atmosphere saturated with steam.

\*An exception to this statement will probably be sometimes found in the case of the very poor and ignorant where the necessities of existence, a want of due appreciation of the danger, or indifference to the ties of kinship and affection, may prove an insurmountable obstacle. In two negro children under my care with diphtheritic laryngitis my most urgent representations had no effect. Both proved fatal, although tracheotomy for a time seemed to offer a ray of hope in one. Yet even in such cases tact and judicious management may secure at least a partial compliance, which is better than none.

†The violent ebullition which takes place in the act of slacking forces upward innumerable minute particles of lime, which remain suspended for a time in the atmosphere. They are drawn into the air passages during inspiration and deposited upon the exudation, where they become liquified, producing a continual solvent effect. The frequent use of inhalers in young children is attended with very great difficulty, if not absolute impracticability.

THE duty of the accoucheur is patience. One should not interfere without a decided indication. But as soon as ever that indication is presented, it must be attended to without delay, and it must never be forgotten that, in midwifery, methods of interference which will save two beings are at the right time easy, but will become in a few hours futile, dangerous or impossible.—*Pajot*.

## ORIGINAL TRANSLATION.

### REFLEX-NEUROSES AND NOSE DISEASES: CONTRIBUTION TO NASAL SURGERY.

BY DR. WILHELM HACK,

Privat-docent in the Freiburg University.

TRANSLATED BY J. EDWIN MICHAEL, M. D.

It was a fact of no small moment, as Voltolini first observed, *that asthmatic paroxysms may be brought about by nasal polypi*. The importance of this discovery lay, perhaps, little in the new significance which this class of nasal disease thus received, for it was soon seen that only a very small proportion of nasal polypi were complicated by asthmatic troubles. Of much more weight was the *nervous* sympathy thus demonstrated as existing between the nose and the respiratory organs proper; and the therapeutic possibility of acting on nervous lung disease by means of the nose. The question made decided progress from the later generalization of Voltolini's observation, as it became evident that other nasal diseases were accompanied by the same reflexes as polypi. Moreover, when three years ago I found this broader view laid down in Schäffer's\* article, I could not avoid the impression that unimportant nasal troubles, catarrh, &c., which occur with little or no structural alteration of the mucous membrane and very little stenosis, furnish a better ground for the explanation of reflexes than the existence of polypi. *A priori* this was obvious. For surely the nerve-endings when they are spread out over a hyperæmic or slightly swollen mucous membrane are much more accessible to direct irritation than when they are covered by hypertrophic connective tissue or concealed under nerveless tumors; and certainly many irritants can only act on the nerve-endings when the

\**Deutsche Med. Wochenschrift*, 1879, No. 33.

nasal cavity is only slightly or not at all obstructed.

Later my thoughts led me in the following direction: Evidently only such patients had been examined rhinoscopically who had presented symptoms of actually existing nose trouble; and in these cases there were generally no complications with reflex-neuroses. The great mass of less grave affections of the nasal cavity had, up to the present, not been submitted to careful examination. Was then the assumption entirely unjustifiable that perhaps our knowledge of the reflex-neuroses due to nasal disease was yet in its infancy; that perhaps many more nerve troubles would be explained as reflexes from the nose than we had any idea of; that a number of apparently idiopathic neuroses could have their final cause in pathological alteration in the nasal cavity?

The question was not an easy one to answer. The difficulty was obvious. The preconceived opinion of the unimportance of trivial nose troubles—an opinion circulated not less by physicians than by the laity—kept the most instructive cases out of the consultation-room of the rhinoscopist.

I proceeded, therefore, in a two-fold manner. First, I made it my duty, whenever possible, to examine every patient's nose, even when I was consulted about diseases of other parts, and especially when there was any tendency to attacks of coryza. Secondly, I examined each patient searchingly in regard to any nervous disorder which might possibly be of a reflex character. If the history of the case showed anything positive, the nasal cavity was examined with especial care.

In this way I have collected the following cases. I venture to announce here *that all neuroses immediately disappeared as soon as the unimportant nasal affection was cured or the*

*irritation of the part concerned became less.* I was partly assisted in my task by my patients. That was a natural result. The troubles under consideration had generally lasted for years and the cure followed very few sittings, and often a single one. That spoke for itself. Cases sent by former patients, after their own cure, became much interested in the cause.

Much of what belongs here has been communicated by earlier authors and I will give references in their proper places; but the observations are so scattered that by the general medical public at least they are ranked among curiosities. I hesitated considerably to publish my own cases for fear that their number would be too small to be instructive. Finally the hope prevailed that the communication of my observations might arouse in medical circles a more active interest in the questions under consideration.

The following cases are not taken chronologically. The basis of the classification is the consideration, first, of those reflex-neuroses most frequently seen and afterwards a study of the rarer varieties. I have only given the important points in the histories of cases, leaving out all unimportant details.

#### I —SNEEZING.

My first case was that of a married lady who, for twenty years, had been subject to spontaneous attacks of sneezing. The attacks occurred mostly in the daytime, and during each one she would sneeze sixty or eighty times uninterruptedly. The patient was very weak after each one of these attacks and suffered for hours afterwards with dreadful headache. Her former physicians had declared the case hysteria and left it to itself, so that she had long ago given up seeking medical aid, and it was only accidentally that she told me of her troubles. There was not the slightest



symptom which pointed to nasal disease, either indications of stenosis or frequent coryza. In spite of that I found *swelling and a peculiar maculated injection of the mucous membrane over the right middle turbinated bone.* Touching this part with a sound only produced a single sneeze and no regular attack. *After a single sitting, at which the part was touched with the galvano-caustic, the sneezing attacks, together with the accompanying headaches, ceased.*

The reflex nature of spasmodic sneezing has been long known. The points of reflex-irritation were chiefly attributed to the sexual organs and rectum (Romberg,\* Ferber† and others). Nevertheless, still more frequently cases of this trouble have been observed, "in which no positive cause could be discovered" (Romberg). That in such cases the nasal cavity should be carefully examined is nowhere to be found. The greater, therefore, seems the merit of C. Michel, who, in his well-known work,‡ describes several cases of spasmodic sneezing, of which the causes were found to be diseases of the nose.

It is of the greatest interest that in my case the accompanying headache disappeared under the treatment used. The often-observed connection between spasmodic sneezing and hemicrania suggests the question *whether there may not be many cases of hemicrania which have their origin in the nose.* I have had no opportunity of examining a typical case of this sort. Nevertheless, I will have something to say later which, by the law of analogy, gives support to my suspicion.§

\*Pathol. u. Ther. du Sensibilitats u. Motilitats-Neurosen, 3 Aufl. S. 426 ff.

†Der Nieskrampf und dessen Beziehung zur Migrane.—*Archiv. der Heilkunde*, 1869.

‡Krankheiten der Nasenhöhle u. d. Nasenrachenraum. Berlin, 1876.

§Note while correcting proof. Since I wrote the above I have observed the following case: A professional friend was subject to attacks of hemicrania on the left side. Rhinoscopic:—

## 2.—SNEEZING AND ASTHMA.

Case 2.—Officer; suffered for eight years from attacks of sneezing like those of case 1. The accompanying lachrymation interfered especially with his military duties. For four years the attacks have been associated with bronchial asthma of such severity that the patient was compelled to pass many hours of the night leaning on the back of a chair and gasping for breath. Rhinoscopic:—Diffuse swelling of the mucous membrane over the middle and lower turbinated bones on both sides; the surface of the mucous membrane was in parts slightly tuberculated; the parts towards the septum were very œdematous; also knobby thickening of the mucous membrane at the posterior walls on both sides of the septum. These conditions had produced decided stenosis of the nasal cavity. Yet the patient, though it caused him some trouble, could breathe through either side of his nose. The continual effort to overcome this obstacle had brought about the habit of frequent snorting and blowing, by which the already-present inflammation of the mucous membrane was continually made worse. In this case, also, the sneezing ceased after the first sitting, in which I used the galvano-caustic on the swollen parts over the lower turbinated bones. The asthmatic attacks were also just as completely cured in the following sittings, during which I took the thickenings over the middle turbinated bone in hand. The symptoms of stenosis also completely disappeared even before I had finished the removal of the thickenings.

The connection between bronchial asthma and nasal disorders has been shown by so many observers (Votolini, Hänish, Hartman, Schäffer,

Diffuse hyperæmia of the nasal mucous membrane on the left side. After superficial galvano-cauterisation of the affected spots the attacks ceased.

Dettweiler, B. Fränkel,\* Bresque and others) that a further notice of it would not be especially interesting. The association of symptoms of spasmodic sneezing and asthma has been seen sufficiently often since Trousseau's communication on "Vaso-motor Coryza." My case may, nevertheless, be here recorded. It shows not only how small the pathological-anatomical change in the nasal mucous membrane may be and yet what distressing symptoms may arise from it; it shows also how readily the condition may be relieved after the diagnosis is once made.

### 3.—SPASMODIC COUGH.

The third case is that of a patient who was sent to see me to have his larynx examined on account of attacks of obstinate spasmodic cough, to which he was subject. The complaint had existed for several years. The attacks occurred mostly at night, and were of such severity that the patient frequently suffered for hours. The loss of sleep, thus brought about, exercised a most detrimental influence on his general health. He perceptibly lost flesh and sought help from his affliction on all sides. He also vainly sought for relief at various health resorts. I found in the slightly-injected mucous membrane of the larynx not the cause but only the effect of the trouble. Nevertheless, as I could not entirely disregard the history of the case, I repeatedly applied astringents to the laryngeal mucous membrane. There might, perhaps, be a slight reflex irritability, due to the hyperæmia of this organ. But it was in vain. There was no single symptom of nose disease. More from habit than for any definite cause, I

proceeded to examine the nasal cavity and discovered on the right middle turbinated bone a fibrous polypus about the size of a pea, which moved backward and forward with every in- and expiration. I removed it with the galvano-caustic loop and the cough immediately disappeared. The patient remained free from his trouble for months. When it returned he immediately placed himself under treatment. I found just as I had expected, on the same spot, a small new polypus, which again by its irritation produced attacks of spasmodic cough. This time I was not satisfied with removing the growth but cauterised the base thoroughly. Since then the patient has been entirely free from his complaint.\*

I have not been able to find a similar case recorded. B. Fränkel,† however, makes the observation that cough may be produced by irritation in the nasal cavity. The present case was of especial interest to me. It gave me the first practical proof of the correctness of the hypothesis which led me to make the following experiments: For a long time and upon a large number of individuals I have tried with the sound the physiological reflex of the normal mucous membrane.‡ The courses of these reflexes were different. Generally they were led over to other branches of the trigeminus; most frequently lachrymation was produced. Here and there vigorous sneezing was present. In a small number of cases I could see with the laryngoscope that there was sympathy with the motor fibres of the vagus; there was decided

\*Note made while correcting proof. A short time ago, after the cure had lasted over a year, the patient came to me with another relapse on the same spot. Extirpation was followed by same result as before.

†*l. c.*

‡Compare my first paper on this subject: "Ueber respiratorischen u. phonischen Stimmritzenkrampf"—*Wiener Med. Wochenschrift*, 1882 No. 2, u. folg.

\*He who wishes the literature of the subject will find it in B. Frankel's paper "On the Connection Between Asthma Nervosum and Diseases of the Nose."—*Berliner Klin. Wochenschrift*, 1881, No. 16 u. 17.



jerking of the muscles which close the glottis, and sometimes this increased until spasm of the glottis was produced, which was relieved by a sort of cough-like explosion. The assumption seemed, therefore, not too bold that perhaps many reflexes might be explained in this manner among known pathological conditions associated with increased irritability. The continual tickling cough from which many patients with coryza frequently suffer and which, moreover, often follows the act of sneezing, seemed to me to support this hypothesis. At any rate the above case seems to support it almost with the exactness of a pathological experiment.

(To be Continued).

## SOCIETY REPORTS.

### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JUNE 2, 1882.

I. EDMONDSON ATKINSON, M. D.,  
President, in the Chair.

(*Specialty reported for Md. Med. Journal*).

DIGITALIS CLINICALLY CONSIDERED.

—This was the title of a paper by *Dr. Chew* (published in full in MD. MED. JOURN. of July 1st, 1882).

*Dr. Coskery* said that Stokes taught that valvular disease contraindicates digitalis, but he had lost a patient by following this dictum.

*The President* believed that it has a specific action on the kidneys, else it is not explicable how benefit can accrue from it in blocking of the tubules. He recalled cases where valvular disease existed without hypertrophy, in which digitalis produced bad effects.

*Dr. Chambers* had had a case of aortic regurgitation in which the remedy made the patient worse, the explanation being that it caused increased resistance and hence more blood was thrust back into the heart.

ABSCESS OF LIVER.—*The President* exhibited a specimen of this, which, during life, owing to anatomical position, caused no sign of tumor. After death a large abscess was found in the right lobe of the organ.

SPECIMEN OF PERFORATION OF ILEUM AND SLOUGHING OF VERMIFORM APPENDIX.—*Dr. N. R. Gorter* exhibited this specimen. There had been impaction by a concretion in the vermiform appendix, which had produced ulceration and perforation, followed by peritonitis and death. The stone was found projecting from the point of perforation, and the vermiform appendix was detached from the rest of the bowel.

*Dr. Morris* related further particulars of the case. The patient—a clerk in a bank—was ill five or six days. He was taken first with pain in the abdomen, for which anodynes, purgatives and blister were ordered. The pain ceased and vomiting ensued—large quantities of brownish fluid being ejected. The tympanites also disappeared and there was very little elevation of temperature. *Dr. M.* saw the patient at this time and regarded the case as one of typhlitis. Death ensued from exhaustion. The omentum and ascending colon were found sphacelated.

*Dr. Schaeffer* said the stone was the size of a chestnut—6x4 ctm., and weight two grm. (gr. xxx). He had made a chemical and microscopical examination of it and was satisfied that it was largely if not exclusively composed of carbonate of magnesia. Tests for cholesterine elicited no response. The light s. g. of the enterolith was confirmatory of the origin above given. No nucleus was discovered. It was probably due to the long-continued use of some preparation of magnesia. The patient was aged 30. Gall-stones occur, as a rule, in those over 50. A good deal of pus was found in the abdomen.

*Dr. Branham* pointed out the ab-

sence of fever, creating a doubt in the minds of the attendants as to the existence of peritonitis. He thought death was due to shock. He had made autopsies in two such cases. The shock benumbs the patient so that pain is not marked. But the pulse is very rapid.

**CASE OF SPLENIC ABSCESS AND RUPTURE INTO URETER.**—*Dr. Morris* related the following: Years ago he was consulted by a lady with a tumor in the left side of her abdomen. Enlargement of the spleen was diagnosed and iodine, both externally and internally, was ordered. Some weeks ago she had as she supposed a return of the malarial trouble. There were excessive fever and rigors. In one day the tumor disappeared. Two pints of pus were passed by the bladder. *Dr. Morris* believed that the case was one of abscess of the spleen. It was not likely that an abscess of the left lobe of the liver would burst into the ureter. For seven years there had been a tumor without any signs of pus. The patient is now making a good recovery.

*The President* thought there was no sufficient evidence of splenic abscess in the case; it may have been perinephritic. He would be more disposed to regard the discharge as taking place through the pelvis.

*Dr. Tiffany* spoke of a female, æt. 50, who "caught cold" and had a tumor of the left side of the abdomen, projecting forwards nearly to the umbilicus. It was aspirated and a very large amount of pus removed. It filled again and pus began to be discharged in the urine. This subsided and perfect recovery ensued. He did not know the nature of the trouble nor where it discharged.

**SPECIMEN OF NECROSSED BONES REMOVED BY AMPUTATION AND EXCISION.**—*Dr. R. Winslow* related a case where compound fracture of the tibia and fibula took place from getting a leg wedged in sliding down a long hill. When getting well the limb

was refractured and sixteen months after there was no union. At this time a surgeon resected the ends of the bones, brought them together and put the limb in a splint. The result, however, was not satisfactory and one month ago the patient came under *Dr. W.*'s care with necrosis of lower fragment of tibia and denudation of the ankle joint for which the limb was amputated.

*Dr. W.* also exhibited bones removed from the carpus. The patient had many sinuses of the wrist on dorsal and lateral surfaces. The lower portions of the radius and ulnar were necrosed. With a chain-saw and pliers the bones at the lower end of the forearm were removed but none of the metacarpals. The operation is not generally a favorable one but he hoped to give some use of the hand.

**THE CURETTE AS A THERAPEUTIC AGENT IN GYNECOLOGICAL PRACTICE.**—*Dr. B. B. Browne* opened the regular subject with a paper. The conclusions arrived at were stated as follows: That in leucorrhœa proceeding from chronic disease of the endometrium; in menorrhagia and metrorrhagia caused by intra-uterine fungosities; and in glandular disease of the cervix, the curette is a more efficient and safer therapeutic agent than the stronger caustic or irritant astringent applications within the uterus.

That in all obscure affections of the endometrium the curette is a valuable diagnostic agent, enabling us to locate the seat and character of the disease, and that its usefulness in this respect is only equalled by its therapeutic value.

*Dr. Morris* said the instrument requires a very skilful hand to use properly. It is dangerous and requires caution and judgment. He prefers to dilate the os and use escharotics. Had never seen any unpleasant symptoms from intra-uterine applications. Can generally cure metrorrhagia by liq. ferri persulph.



*Dr. Erich* said it was a very good instrument in its place. Objects to using before dilatation, and before a diagnosis is made. A patient had uterine hemorrhage for many years; had never had children. The external os was extremely small and it was with difficulty a small tent could be introduced. He mopped out the interior of uterus with Monsel's solution. For some time could not get thorough dilatation; when this was effected he found hundreds of little fungous growths and one hard wart in the cervical canal. He cleaned them out with a curette and for three months there was no more bleeding—then oozing set in again. Yesterday he introduced two tents, first a sponge, then a sponge and tupelo together (this to keep the latter in). To-day, on examining, the hard wart was found to be gone but fungosities were still found in the fundus. The interior of the uterus was then washed out with carbolized water, mopped with absorbent cotton and nitric acid applied four times to the whole surface.

There is no risk from the blunt curette nor is nitric acid, in his opinion, very dangerous, and it is also not so painful as the subsulphate of iron; however, he would be afraid to use it previous to the climacteric—after that would not hesitate.

*Dr. Moseley* said that Thomas uses the blunt curette for diagnosis; he had never seen him dilate in any case where he could introduce the smallest curette. Thomas recommends it in metrorrhagia but never actually employs it; he uses Churchill's tincture, etc. When he says there is no danger he refers to the blunt curette; could not say this of the sharp curette. The instrument going under the name of Thomas' curette is not his.

*Dr. Browne* only uses the sharp curette in the cervical canal. Uses

the blunt curette habitually in his office, slightly dilating if necessary to allow escape of fragments. He did not mean to deny the utility of strong applications; only meant to compare and state his conclusion that the curette was best.

*Dr. Erich* said in diagnosis he thought the curette of very little use; he preferred the finger.

TRACHEOTOMY FOR CROUP.—*Dr. R. Winslow* reported a case upon which he had performed tracheotomy for laryngeal diphtheria. C. B., aged 4 years, a patient of Dr. E. F. Cordell's, was attacked with naso-pharyngeal diphtheria, which subsequently extended into the larynx, and other remedies having failed, Dr. W. was invited to perform tracheotomy. Just previous to operation the boy appeared to be almost moribund, the breathing was very rapid and labored, and the pulse rapid and feeble. Having expressed an unfavorable prognosis to the parents, the operation was undertaken with their full consent. An attempt was made to administer chloroform, but the patient suddenly ceased breathing, and artificial respiration was instituted, and when respiration had been somewhat restored, the operation was proceeded with without an anæsthetic. No difficulty was experienced beyond an annoying venous hemorrhage which forced the operator to incise the trachea through a pool of blood. The head was depressed to prevent the blood flowing into the trachea, and the lips of the wound were held open by silver wire passed through each side of the incision, to which tapes were attached and tied behind the neck, thus keeping the incision widely opened. The breathing soon became regular, and easy, and the pulse improved in strength. These favorable conditions continued until death occurred 22 hours later, which resulted from exhaustion and not from asphyxia.

BALTIMORE ACADEMY OF  
MEDICINE.

STATED MEETING HELD MAY 16, 1882.

JAS. CAREY THOMAS, M. D., President, in the Chair.

(Specially reported for Md. Med. Journal).

*Dr. Richard McSherry* read a paper entitled THE CITY NEEDS A CHANGE OF AIR (an abstract of which appeared in this journal for June 1st, and the paper in full appeared subsequently in the *Sanitarian*).

*Dr. Chew* said a very large number of the 80,000 pits in this city go but a short distance below the surface of the earth. Is disease more prevalent with this class? Defective plumbing and absence of ventilation of soil-pipes are common. Two measures of improvement suggest themselves: (1) In every case carry the sink low enough to reach water; (2) ventilate the soil-pipe and prevent sewer-gas from entering houses.

*Dr. Uhler* said there was great loss from emptying sewage into the harbor. We have no right to defile the waters of the bay and thus jeopardise the health of residents of neighboring parts of the State. He recommended burning of the garbage. Objected to polluting the air above houses; preferred to let it be absorbed by the soil.

*The President* read lists of the death rates for 1881 of the 20 wards into which the city is divided, and also of zymotic diseases alone. The general death-rate varied from 18 to 47.4 per thousand, averaging 26.5. The death-rate of zymotic diseases alone varied from 3 to 15.4 per thousand, averaging 7.4. From the two tables, which coincide very remarkably, it appears that as we descend to the alleys and lower parts of the city the death-rate increases. The rate for zymotic diseases is also on the

increase each year. Hence it is necessary that something should be done. The sandy soil absorbs the drainage in the hills; this is impossible in the low grounds. He did not feel competent to say what was best to be done. The system adopted in Memphis had not been efficiently carried out. Iron plates laid down over gutters create nuisances. He knew an instance in which this occurred and a lady had to go to the Health Department herself before she could get them cleaned out, and when this was done dead dogs and cats, etc., were found under them in a state of decomposition. We must have an automatic sewerage system. London shows that much of the mortality is preventable by proper sewerage and good water.

DEATH-RATE OF BALTIMORE FOR 1881,

AS PER CENSUS OF 1880, AND RE-

PORT OF HEALTH DEPARTMENT.

*General Rate.*

11th Ward	18.0 per 1,000
12th "	20.0 "
10th "	21.2 "
8th "	22.0 "
18th "	23.4 "
19th "	23.7 "
4th "	23.8 "
1st "	24.8 "
3rd "	25.8 "
20th "	26.1 "
13th "	26.5 "
5th "	27.2 "
7th "	27.5 "
6th "	7.28 "
14th "	30.0 "
16th "	30.2 "
15th "	30.8 "
17th "	32.9 "
2nd "	35.0 "
9th "	47.4 "
Average	26.5 "



*Zymotic Diseases.*

11th Ward	3.	per 1,000
10th "	3.2	"
12th "	4.3	"
5th "	5.1	"
20th "	5.2	"
13th "	5.5	"
8th "	5.7	"
19th "	6.2	"
14th "	6.2	"
4th "	6.5	"
18th "	7.	"
3rd "	7.1	"
1st "	7.2	"
6th "	8.2	"
15th "	8.3	"
7th "	9.3	"
9th "	11.1	"
2nd "	11.2	"
17th "	15.4	"
Average	7.4	"

*Dr. Eyster* said we could not estimate the influence of filth in the production of disease because it was associated with poverty and want of food.

*Dr. Miles* said we cannot distinguish between the known and unknown. We do not know that stinks cause disease. In Charleston animals rot on the surface, and the privies are exposed to the eye, yet it is healthy except during years of epidemics. Slow, insidious, non-smelling decomposition is the most deadly, not that which is rapid and takes place in the sunshine. Thirty to forty still houses, etc., drained into Jenkins' Run, and it was horribly offensive there, but yet it was not more unhealthy than elsewhere.

*Dr. Powell* said children play with slops in water-closets, which are apt to be defective. The inspection of closets as well as other parts of houses is a desideratum.

*Dr. McSherry* said nature has her compensations; the children of the poor live out of doors a great deal. Concentration is what renders an exhalation deadly. He believed that germs and gases are found in combination.

*Dr. Powell* referred to a woman on the poor excursion who said she never let a drop of water come near her children.

### AMERICAN DERMATOLOGICAL ASSOCIATION.

SIXTH ANNUAL MEETING HELD AUG. 30TH AND 31ST, AND SEPT. 1ST, 1882.

JAMES NEVINS HYDE, M. D., President, in the Chair.

(Specially reported for the Maryland Med. Journ.)

The meeting opened at Newport, R. I., on the 30th of August with the address of the President.

PRESIDENT'S ADDRESS.—This was devoted entirely to the work of the association. He congratulated the association on the work accomplished and on the promise for the future. He said it was a source of profound satisfaction that without a predecessor and without precedent five years of such work could have been accomplished. Although the association had been in actual session less than a fortnight altogether yet the labor it has stimulated, the influence it has exerted and the position it has attained are not to be judged by a mere standard of time. The increased attention paid to the subject of cutaneous diseases in the schools was largely owing to its influence. The subject was further elaborated by the speaker, who concluded by offering some suggestions as to the direction and method of further development of the resources and opportunities of the society.

The second communication was made orally by *Dr. Heitzmann*, of New York, and entitled STUDIES ON MYXO-ANGIOMA OF THE SKIN, CLINICAL AND MICROSCOPICAL. His researches had demonstrated that the common vascular development in the skin known as *telangiectasis* is due to a new development and to a myxomatous degeneration of the vessels. *Myxo* describes the nature of the growth in which the vessels are imbedded,

*angioma* indicates the presence of vessels. The vessels do not attain to a great size and may remain stationary for an indefinite period. They may present small spherical excrescences. They generally fade on pressure. Occasionally they ulcerate and bleed. If pediculated they may be cut off with scissors and the spot touched with argenti nitras or nitric acid; if sessile the acid may be applied directly. He thought favorably of the galvano-cautery. The etiology is obscure.

The *President* read a paper entitled DERMATITIS PAPILLARIS CAPITULI. He described this as an inflammation of the deeper structures of the skin of the back of the scalp, characterized by slightly elevated patches on the nucha, with irregular margins and various size. A subcutaneous accumulation of pus takes place which can be evacuated by making a small opening in the centre of the *plaques* and exercising pressure.

PSORIASIS.—Some notes on this affection were read by *Dr. R. W. Taylor*, of New York. With reference to a distant relationship between this affection and syphilis, *Dr. T.* had examined the previous history of his cases, and had ascertained the previous existence of syphilis in 25 per cent. in one or both parents, but in none was the disease in an active stage. It usually occurs in early life. It may be cured if treated early in a great many cases, and the combination of mercury and iodine known as *Donovan's* solution had been very efficacious in his hands.

*Dr. Rohe*, of Baltimore, read a report of TWO CASES OF GENERAL PSORIASIS FOLLOWING VACCINATION. The first case occurred in a physician, *æt.* 28, without personal or family taint. Ten days after an unsuccessful vaccination with bovine virus the point of puncture became scaly, itchy and red. Within two weeks the whole body except the palms of the hands and soles of the

feet was covered with small, scaly, red papules thickest on the extensor surfaces of the extremities. Itching was intense and interfered with nutrition and rest. Arsenic aggravated the trouble which was cured by a three weeks' course of acetate of potash in  $\mathfrak{J}$ ss doses and a daily hot alkaline bath. The second case occurred in a boy, nine years old, several weeks after a successful bovine vaccination; it was cured by *Fowler's* solution.

CALX SULPHURATA was the subject of a short note from *Dr. H. G. Piffard*, of New York. This is the title under which the sulphide of calcium will be considered in the new Pharmacopœia. There is great variability in the composition of sulphide of calcium as dispensed, a pure preparation being a pharmaceutical curiosity; much of the failure from its use was due to this fact. He had found the calx sulphurata useful in acne, ( $\frac{1}{10}$  to  $\frac{1}{8}$  gr. doses), infantile eczema, eczema of the chin in the male, diabetes and swelling of the lip.

The *second day's* session began with A CASE OF PIGMENTED NEOPLASM OF THE SKIN, occurring in a merchant, *æt.* 40, who presented himself with a number of deeply pigmented oval spots on the face and neck, knees and insteps. They vary from the size of a split pea to a diameter of 2x1 inches, have a pinkish centre and orange-colored border, the centre being somewhat depressed. A microscopic examination of one of the patches by *Dr. Heitzmann* showed the characters of myeloma or pigmented medullary sarcoma of the skin.

*Dr. A. R. Robinson*, of New York, read a paper on THE NERVES OF THE SKIN and exhibited microscopical sections of the same. The result of his studies was to demonstrate that the non-medullated fibres form plexuses within the skin and epidermis; that most of the medullated pass into the papillæ and form loops, from which



the fibres return into the corium or proceed to neighboring papillæ. He did not find the nerves ending in free extremities, as is stated. He denied that the nerve-fibres terminate in the tactile corpuscles, which, according to him, represent only a nerve-plexus. The paper was freely illustrated.

CONTAGIOUSNESS OF LEPROSY.—*Dr. James P. White*, of Boston, discussed this subject. He maintained the affirmative, and thought the general government and National Board of Health ought to take cognizance of it. He regarded the disease as incurable.

ERGOT IN SKIN DISEASES.—*Dr. Heitzmann*, of New York, had found this agent of service in skin diseases of a congestive character. In some cases of pruritus it had acted like a charm. In certain forms of acne, especially pustular acne of the beard, and in erythema, it is very useful. He uses it both internally and locally (the former 3ss doses fl. ext.).

SYPHILODERMA PAPULOSUM CIRCINATUM, A RARE FORM OF SYPHILITIC MANIFESTATION.—*Dr. I. E. Atkinson* read a paper on this subject. He said this is a form of eruption belonging to the secondary period which tends to develop out of the large flat papular eruption by a depression in its centre and a peripheral extension of its limits. It may attain the size of a half-dollar and altogether lose all resemblance to a papular eruption, more nearly resembling severe ring-worm.

COMMITTEE ON STATISTICS.—The report of the committee, presented by *Dr. James C. White*, Chairman, showed 58,617 cases of skin diseases to have been communicated to the society during the last five years. Of the 11,514 observed during the past year, there were of eczema, 3,241; urticaria, 347; pityriasis rubra, 8; lichen, 39; prurigo, 2; acne, 664; impetigo, 95; pemphigus, 21; purpura hemorrhagica, 39; purpura simplex, 8; syphilodermata, 1,544; pruritus, 212; scab-

ies, 247; lepra anæsthetica, 1, etc.

WARTS.—*Dr. White* recommended for warts on the hands—extract cannabis indica, gr. x, salicylic acid, gr. xxx, collodion, 3i—to be applied daily for several days. It had not failed once in fifty cases.

*Dr. Hardaway* recommended electrolysis, the base being pierced with a needle.

*Dr. Sherwood* reported a case of *Pellagra* in an Italian sailor now under treatment at the Long Island College Hospital. It began as an erythema of the forehead extending thence to face, hands, and body. It was also accompanied by suppurating glands of the neck and very high temperature.

The *third day* was devoted to exhibition of specimens, and to the election of officers and new members. The following officers were elected for the ensuing year: President, *Dr. R. W. Taylor*; Vice-Presidents, *Drs. I. E. Atkinson* and *A. R. Robinson*; Secretary, *Dr. A. Van Harlingen*; Treasurer, *Dr. Geo. H. Rohé*.

The next annual meeting will be held at Lake George.

## EDITORIAL.

IODINE IN ERYSIPELAS.—The strong encomiums of tincture of iodine in the treatment of erysipelas, in the *British Med. Journal*, convey no revelation to many on this side of the water. Its merits must be here already widely known and utilized. Certain it is that the writer has used it invariably ever since—more than fourteen years ago—he read the statement of Gross that he “had derived more benefit from it than from any other article.” The strength in which we employ it is in dilution with two parts of alcohol; it is applied to the affected part daily with a feather or brush. Thus employed we have always felt the fullest confidence in its efficacy.

AN EGOTISTIC CORRESPONDENT.—The New York correspondent of the London *Lancet*, in a letter which appears in the number of that journal for August 12th, writes thus: "It is four years \* \* \* since I wrote editorially in the *New York Times*, with the effect of improving the course of study at the medical school of the Johns Hopkins University then about to open." Unless there has been a typographical error here, the correspondent is guilty of a misstatement, which shows that he is utterly unfit for the responsible position which he now holds of the trusted employé of the leading medical periodical of the world. He should know that the medical school to which he refers has not yet been established and will not be until the completion of the great hospital now in process of erection. Mayhap, with the eye of faith, he penetrated the decade of years that intervened between his editorial and the possible realization of its grand results. But even if time could be turned "back in its course" to accommodate such gentlemen as the voracious correspondent, is it at all likely that President Gilman and the distinguished gentlemen who compose the Board of Trustees of the Johns Hopkins University would seek advice from a scribbler in a daily newspaper?

CHEAP MEDICAL BOOKS.—We desire to call attention to the series of works now being published by P. Blakiston, Son & Co., 1012 Walnut St., Phila., and to urge upon the profession the importance of encouraging the enterprise in which they have engaged. They are now issuing the best English medical works, in the very best style, and with the original illustrations, for 75 cents each in paper, or \$1.25 in cloth, sent by mail free on receipt of the price. We have already noticed two of these—Tilt on Change of Life and Thompson on Urinary Organs. It is manifest that it is only by a large

sale that such an enterprise can be made sufficiently profitable to justify its being continued. Our interest and policy both demand in strongest terms that we should support it heartily; for it renders accessible to even the poorest of the profession the standard literature of the day, hitherto denied to most of us by the high price of such publications.

"VIRTUE CANNOT LIVE OUT OF THE TEETH OF EMULATION."—We have received a printed communication, signed by A. M. Dent, M. D., postmarked Parkersburg, charging that the action of the Secretary of the Board of Health of West Virginia, in passing upon the qualifications of that gentleman for registration, was influenced by personal spite and malice. On the back of this communication the following is written in pencil: "*In this State Reeves is considered a great fraud.*" We have read carefully everything bearing upon the matter of dispute between Drs. Reeves, Baldwin, Dent and the Columbus Medical College, and our minds are thoroughly satisfied as to the merits of the controversy. We will only say it is a pity there are not more such "frauds." There ought to be one such in every community—a man who has the courage to speak and to do.

NATIONAL MEDICAL AND SANITARY EXHIBITION.—It is proposed to hold a National Medical and Sanitary Exhibition in the United States sometime during the year 1883, and to perfect the arrangements a circular has been issued to the various state Boards of Health requesting the appointment of a commissioner by each to meet other Commissioners at Indianapolis, on Wednesday, Oct. 18th, 1882, at 9 A. M. Besides the State Boards, the National Board of Health and the American Public Health Association will participate in the proceedings. The circular is signed by the leading



Sanitarrians of the Country, including Snow, Hunt, Waring, Bowditch, Chaillé, Bell, Baker, Stephen Smith, Wales, and others. The proposition has our heartiest approval and we hope that our State Board of Health will be duly alive to the importance of representation of the health interests of Maryland in the preliminary meeting and the final display, the success of which is well-nigh assured by the character of its patrons.

**MARYLAND VACCINE FARM—***Mr. E. V. Regester*, gives notice of his intention to continue the propagation of *bovine* virus, on his vaccine farm, between Baltimore and Washington. Having had ample experience during the conduct of the business by his brother, the lamented Dr. W. G. Regester, he states his intention to maintain the same high grade that was universally accorded to the virus distributed by the late vaccine agent. His address is *Muirkirk, Md.*

**NEW ORDINANCE FOR THE REGISTRATION OF BIRTHS AND DEATHS.**—As mention has been made in the daily papers of a new ordinance providing for the registration of births and deaths in this city approved by Mayor Whyte on the 9th inst., it may be well to state that we have examined carefully the text of the said ordinance, which is still in manuscript, and find that it differs in but one essential particular from the ordinances previously in force. The exception relates to illegitimate births, the report of which now becomes compulsory. The certificates of birth are required to be delivered to the Board of Health, as before, between the 1st and 3rd of each month. This is a flaw in the new act which should have been corrected, and we have the assurance of the Health Commissioner, Dr. Benson, that he will use his influence with the the next city council to have it altered so that the births shall be,

like the deaths, reported immediately after their occurrence. Although not compulsory, the commissioner earnestly desires that physicians will adopt the rule of immediate report in such cases in order that our vital statistics may not exhibit the strange discrepancy between the births and deaths, which appears in the weekly reports, and which is calculated to excite unfavorable comment by outsiders. The new ordinance will be shortly printed and distributed to physicians.

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## REVIEWS, BOOKS & PAMPHLETS.

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*L' Imparziale Giornale Pratico di Medicina, Chirurgia e Scienze Affine e Degli Interessi Morali e Professionali della Classe Medica.* Direttori Dott. G. Del Greco—Dott. A. Simi. Redattore Dott. G. Masiné. Firenze (Florence), 15 Agosto, 1882. Anno xxii, N. 15.

We welcome this, the first of our exchanges, coming from Italy. The following quotation from Montesquieu heads the first page: "*La sont la science et la verite ou toutes les opinions ont la parole*" (where all opinions can be spoken, science and truth will be found). The first article is a letter from Dr. Pietro Grilli to Prof. Andrea Simi, upon the "Pellagra in the Province of Florence," a disease that has recently attracted much attention in Italy. The next article is by Dr. Origen Masini, "Specialist for Diseases of the Ear, Nose and Throat," and relates to the "Use of Resorcin in Diseases of the Ear." He reports excellent results from this agent which has strong antiseptic properties. The next article is upon "Practical Diagnostics" and treats of organic and inorganic murmurs of the heart. It is by Dr. Faralli. Then follows a department devoted to Hygiene, in which are articles on "Hygienic and Prophylactic

Precautions to be Taken Against Typhoid Fever," "Oxygenated Water," etc., being abstracts from the "Giornale d' Igiene." A similar department entitled "Therapeutics" follows. Statistical Tables of the City of Florence come next, from which we learn that the population is 163,112, and that the proportion per 1,000 of births for the month of July was 25.7, and of deaths, 23.8. The remainder of the number is devoted to the review of a work on Gymnastics, to Solvents of Iodoform, to a notice of the Italian Ophthalmological Association, which met in Padua Sept. 4th to 7th, to an abstract (from *Gaz. deg. Ospedali*) upon the Clinical Uses of the Telephone and Microphone, and to a neurological notice of the late Prof. Concato, of the Univ. of Turin. We hope to present to our readers from time to time translations from this journal, which is justly regarded as one of the best in the Italian kingdom.

*A Treatise on the Physiological and Therapeutic Action of Sulphate of Quinine.* By OTIS FREDERICK MANSON, Professor of Physiology and Pathology, Med. Col. of Va. J. B. Lippincott & Co. Phila.: 1882. 8vo. Pp. 164. Price \$1.00.

It is certainly a strange circumstance that although quinine was discovered by Pelletier and Caventou as long ago as 1820, there should still be such a diversity of opinion with regard to its use and effects. The author of the present work has made a historical and critical study of it and adds the results of his own large experience and observation. His chief conclusions may be briefly stated to be that whilst in a certain number of cases slight nervous and vascular excitement follows the administration of small doses, due to a local impression on the mucous membrane of the stomach, this is transitory, and does not entitle it to be regarded as a

stimulant or tonic. That it is *par excellence* a sedative. That cerebral congestion and inflammation do not contraindicate its use, since the relief of these symptoms is among its most valuable properties. That the tinnitus aurium, deafness and blindness, observed in greater or less degree—although never to complete loss of sight and hearing in the author's experience—are attributable to an impression on the optic and auditory centres. That the best effects follow large doses, as gr. xxxv during an intermission in paroxysms of intermittent fever. That besides intermittent fever—remittent fever, croup, cholera infantum, cerebro-spinal meningitis, erysipelas and the febrile condition generally, are strikingly under its control; its beneficial effect is also, though to a less degree, manifested in typhoid and typhus fever, scarlatina, pneumonia, delirium tremens, acute rheumatism and surgical shock.

The work is a very valuable contribution to practical therapeutics and will do credit to its author.

*Transactions of the Michigan State Medical Society* for the year 1882. Lansing: 8vo. Pp. 284.

This volume is excellently gotten up and the contents are all of interest. It contains besides the address of the President, Dr. J. H. Jerome, twelve papers. Without critical examination we have been most impressed with those on "Insanity of Masturbation," by Dr. Burr; "Legal Responsibility of Surgeons," by Dr. Pratt; "Suppurative Catarrh of the Middle Ear," by Dr. E. Smith, and "Optic Neuritis," by Dr. Connor. Dr. E. B. Ward contributes some amusing rhymes entitled "Esthetics in Medicine." The Michigan Medical Society was established in 1866 and now numbers 267 members. It is fortunate in possessing an energetic and efficient Secretary, Dr. Geo. E. Ranney, who looks faithfully after its interests.



*University of Louisville Medical Department.* Forty-sixth Annual Announcement. Session 1882-83. 8vo. Pp. 14.—*Some of the Simple Methods of Performing Hystero-Trachelorrhaphy.* (Reprint). By O. E. HERRICK, M. D.—*The Malignity of Syphilis, with an Analysis of 450 Cases of the Disease.* By L. DUNCAN BULKLEY. (Reprint). N. Y.: 1882. 8vo. Pp. 27.—*Elephantiasis Arabum in the Samoan Islands.* By ARTHUR C. HEFFENGER, M. D., Passed Assistant Surgeon U. S. N. 8vo. Pp. 7.

### MISCELLANY.

APHONIA OF SINGERS AND SPEAKERS.—For this *Corson* recommends to put a small piece of borax (2 to 3 grains) into the mouth and let it dissolve slowly. An abundant secretion of saliva follows. Speakers and singers about to make an unusual effort should the night before take a glass of sugared water containing  $\mathfrak{z}$ ii of potassium nitrate in order to induce free perspiration. In similar circumstances this gargle may be used: R. Barley water,  $\mathfrak{z}$ vi; alum,  $\mathfrak{z}$ i to ii; honey  $\mathfrak{z}$ ss. Or an infusion of jaborandi ( $\mathfrak{z}$ ii of leaves in a small cup of boiling water) may be drunk in the morning before rising. Free sweating is said quickly to restore the voice.—*Rev. Medicate, and Practitioner.*

OCCCLUSION OF EXTERNAL AUDITORY MEATUS.—Three cases of this are reported in the practice of *Dr. S. Sexton*, of New York. The first was in a man,  $\text{æt.}$  39, who had suffered from occasional otorrhœa and tinnitus aurium, and who fell from a truck and cut his ear and temple. Great swelling ensued and an abscess, which formed in front of the pinna, was opened. Six weeks later he complained of deafness, vertigo, distressing tinnitus and fulness in the ear. The meatus was occluded by a dense integ-

umentary membrane except a minute aperture at upper and back corner just admitting a small probe. Through this a blunt-pointed tenotome was passed and a ring of skin  $\frac{1}{4}$  inch in diameter removed. Blood and thick pus escaped and two days later a wad of cotton-wool. Normal hearing was restored at once. The patient knew nothing of the introduction of any cotton-wool since he was 13, but it was evidently of more recent introduction. The meatus was dilated by a speculum and plugs of cotton-wool, without further symptoms. The second case was in a man,  $\text{æt.}$  62, who had been trodden on in boyhood by a horse and his ear severed from the skull. Being replaced it adhered but not accurately and the meatus was quite closed by the lower portion of the auricle. A tiny sinus opened in front of the tragus, from which thin matter and wax could be occasionally squeezed. The third case was in a girl,  $\text{æt.}$  13, who had a discharge for many weeks from the ear, to prevent her scratching which she was kept lying on it. As a result the raw parts about the margin of the concha adhered. The canal was closed by a diaphragm of skin at the junction of the cartilaginous and osseous portions. Should any signs of middle ear mischief arise, *Dr. S.* will open the canal without delay.—*Lancet*, August 12.

STERILITY IN THE MALE—*Pajot* has examined the spermatic fluid of over 200 men,  $\text{æt.}$  from 25 to 60, and he emphasizes the fact, of which too little notice is generally taken, that in sterile marriages oftener than one is disposed to imagine the fault lies at the door of the husband. He says it is useless to attempt the cure by treating the woman, unless there be decided disease or defect in her, without first being assured of the physiological activity of the generative apparatus in the husband. The spermatic fluid

may be rich, ordinary, poor or insufficient, or absolutely worthless.—*Ed. Med. Journ.*, Aug.

#### DISEASES OF THE EYE DUE TO MASTURBATION AND SEXUAL EXCESSES.—

*Prof. Herm. Cohn* observed in cases of masturbation, practised to excess, photopsia, conjunctivitis, blepharospasm, and paresis of accommodation. Photopsia showed itself always as subjective light phenomena in young persons, the eyes of whom presented a perfectly normal pupil, vision and tension, intact sense of space, light and color, clear media, a perfectly healthy optic nerve and a normal retina. The patients had all kinds of phenomena; they saw spots, stars, light wheels, shining circles, or brilliant dots. In the majority these *fata morgana* ceased during darkness; in all, on closing the eyes. There were six cases of conjunctivitis. Blepharospasm generally attacked both eyes. Amblyopia has not been demonstrated as a result. *Mooren* always insists upon the relation between masturbation and paresis of accommodation. Glaucoma and Basedow's disease have been mentioned by *Forster* and *v. Græfe*. *C.* recommends as cure convincing by plain and public talking. Pupils at a certain age should specially be warned against it.—*Bresl. Aertzl. Zeitsch.*, and *Med. and Surg. Reporter*.

THREE SPOONS SWALLOWED AND PASSED PER ANUM.—*Dr. Kohn* relates the case of a melancholiac, suffering with intercurrent attacks of mania, who had symptoms of peritonitis, vomiting, frequent pulse, elevated temperature, general abdominal pain, with special tenderness in right iliac region. Such attacks recurred for five weeks, partial obstruction occurring four times. One morning she passed a long, hard, spindle-shaped mass of *fæces*, covered with mucus, which was found to contain three

teaspoons. The patient had swallowed these, she declared, with the intention of committing suicide. The symptoms disappeared after their passage.—*Med. Record*.

FOREIGN BODIES IN THE EAR.—Of 4,940 ear cases, in 100 there were found 109 foreign bodies, especially beans and peas, or playthings, as glass beads. In one case a cherry stone had lain in the ear 42 years without causing symptoms until lately, when slight deafness resulted from the accumulation of cerumen, and the whole mass was evacuated with the syringe. Seventy-one of the 109 were removed with the syringe, the remainder with forceps, hooks or spatulæ. Extraction by the syringe is, as a rule, easy if used *at once*, and the author believes all with one exception—a splinter of wood—might have been thus washed out. Injudicious manipulation often drives the foreign body into the tympanic cavity. Should it then be impossible to grasp it, the author would separate the membrane, except the *pars flaccida* and dislodge it by frequent air-douches and Eustachian syringing. One case only terminated fatally. In a few the outer segment of the seed had to be bored with a paracentesis needle, a double hook applied and half of the mass brought away; the other half was removed with a small forceps. In one case a swollen bean in the tympanum was shrivelled and came away under the galvano-cautery. Other fruit-kernels were extracted with lever and curette. Injection of thick glycerine or of equal parts of ether and alcohol facilitates the operation by causing the foreign body to shrink.—*E. Zaufel, Prager. Med. Wochensch.*

SYMPATHETIC SYSTEM IN DISEASE.—In congestion, hyperidrosis, some forms of angina pectoris, sunstroke, regulation of vascular tone and its many abnormalities, vaso-motor neuro-



ses of extremities, symmetrical vasomotor gangrene, some varieties of aneurism, albuminuria and diabetes mellitus, diabetes insipidus, hysteria, hypochondriasis, and other forms of neurasthenia, those protean disturbances excited by emotion, and lastly, in pigmentation, including Addison's disease—its influence seems primary and almost, if not wholly, independent. In inflammation, fever, hemicrania, exophthalmos, progressive facial hemiatrophy, and epilepsy, it plays a secondary though important part. In most of these, however, as of other ailments, the heart phenomena, the conditions of vascular tone, the perspiration and diarrhœa, the marvellous influence of the abdominal vessels and nerves on the distribution of blood in the body, are evidences of collateral and coincident disturbances of the sympathetic.—*Resume of Bradshawe Lecture, by E. Long Fox, M. D., Oxon., F. R. C. P. Lond., etc.—Lancet, Aug. 26th.*

**DIABETES.**—*Schmitz, of Neuenahr,* has had 600 cases, 407 males and 193 females; 196 occurred between 50 and 60 years; the youngest was 4, the eldest 78. It is undoubtedly influenced by heredity in families with psychoses of any kind. Tubercular families are predisposed to it. In 183 nervous disturbances were direct exciting causes; in 153 the cause was too free use of sugar and saccharine food; in 45 gout and general debility after severe acute or chronic affections. The s. g. of the urine varied between 1025 and 1035. Prognosis is by far not so hopeless as formerly supposed and complete recovery may ensue. Patients may remain for years without a trace of sugar in their urine whilst on a regulated diet, in some cases only excluding cane sugar. Cures without relapse even after years of return to highly saccharine food are given. Prognosis depends upon early diagnosis, age, cause, correct treat-

ment faithfully carried out, and the amount of saccharine matter which can be borne with impunity.

In recent cases, and up to the seventh year, the prognosis is favorable; the gouty form and that following mental depression and free use of saccharine food are most favorable for treatment. As years advance the gravity increases; when the result of diseases of the central nervous system or severe chronic diseases the outlook is most unfavorable. Cases where exclusive fish and meat diet fails to cause disappearance of the sugar are decidedly unfavorable, but where eggs, the leafy parts of vegetables, and a little mild cheese keep it out only to reappear on the use of cane-sugar, starch, fruit or roots, the prognosis is very favorable and liability to relapses is slight.—*Deutsche Med. Woch., and Lond. Med. Rec.*

**PENNSYLVANIA AND MARYLAND UNION MEDICAL ASSOCIATION.**—The fifth annual meeting of this association was held at Wild Cat, Lancaster Co., Penna., on the 31st of August. The association is intended more for social purposes than for scientific work, and always brings together the physicians of the border counties of the two States and their families, in agreeable intercourse at a season of the year when a day's recreation upon the water or in the country comes as a welcome diversion from the heat and dust of midsummer. Although somewhat marred by bad weather, the present meeting was attended by about 300 physicians and was enlivened by addresses from President Forwood, Dr. Atlee, of Lancaster, and Dr. Kerr, of York. The officers for the ensuing year are—President, Dr. W. W. Dale, of Carlisle, Penna.; Vice-Presidents, Drs. Kerr, of Penna., and Hanna, of Md.; Secretary and Treasurer, Dr. Rouse, of York.

**BOARDS OF HEALTH.**—The Harford County Board of Health, in conjunc-

tion with the Harford County Medical Society, has issued an address to the canners of that county, which deals very thoroughly with the sanitary aspects of an industry that is assuming very extensive proportions in the counties bordering upon the Chesapeake Bay and its tributaries. Among the subjects dealt with are the location of factories, the disposition of vegetable refuse, the pollution of soil and water, cleanliness of person and vessels, and the quality of tin and fruit. Much of the tin employed in the manufacture of cans, it is stated, contains a considerable proportion of lead, and instances of lead poisoning have been traced to this source. The disposition suggested for the offal is to convey it in water-tight wagons to fields where it is to be spread over the earth, thus enriching the soil. The address, which was drawn up by the energetic Secretary of the Board, Dr. W. Stump Forwood, contains much valuable and timely advice which we hope will be duly heeded. It was suggested by the "frequent sickness and great mortality which has prevailed in the immediate vicinity of canning houses and supposed to owe its origin to the offensive exhalations of their neglected offal."

In accordance with a resolution of the State Board of Health, Dr. C. W. Chancellor, the Secretary of the Board, has prepared an address for general circulation, containing instructions as to the best method to deal with outbreaks of small-pox. The importance of early vaccination and revaccination, isolation and disinfection receives due prominence. Owing to the number of imperfect vaccinations and also the uncertain duration of the protection afforded by a genuine vaccination the rule is laid down that *every one* who is exposed to the contagion of the disease should be vaccinated at once. The address concludes with some suggestions in regard to the hygiene of

apartments, etc., used by those affected with the disease.

The powers of the State Board of Health are only *advisory*, and owing to the misplaced economy of the last Legislature the appropriation for its uses was reduced to almost *nil*. Individuals and communities are therefore notified that they need not expect aid from the Board.

Although small-pox has appeared in several sections of the State—as Harford, Charles, Anne Arundel counties, etc.—it is stated not to be anywhere epidemic at this time.

REPORT OF CONTAGIOUS DISEASES.—The Commissioner of Health of Baltimore in a circular to physicians in the city calls attention to the ordinance requiring them to give a certificate to the *parents* of children attending the public schools, who may be attacked with any contagious disease. The parents must then notify the principal of the school within 24 hours. A fine of \$10 is imposed for violation in either case of the ordinance.

DISPLACED LIVER MISTAKEN FOR HYDRONEPHROSIS — UNCOMPLETED OPERATION WITH FATAL RESULT.—In the *Med. Gaz.* for Sept. 2, Dr. G. A. Peters reports the case of a female, æt. 27, married four and a half years. Nine months after marriage, when three months advanced in pregnancy, she fell, striking the right side of her abdomen. This was followed by pain, vomiting and vaginal hemorrhage; but these gradually subsided, to be repeated two weeks later in a less degree. She was then well eight months, all signs of pregnancy having ceased. She then began to swell and felt a hard mass above the right iliac crest. This grew slowly with monthly pain for two years. Since eight months the pain has been diurnal and severe. The tumor has grown so that it is now limited by the crest of the ilium, the free border of the



ribs, a point one inch to the right of the umbilicus and the posterior iliac spinous process, an area  $6\frac{1}{2}$  by  $4\frac{1}{2}$  inches. This area is tender and gives a doubtful sense of fluctuation; the mass appears movable. Bowels regular and urine normal. A diagnosis of accumulation of urine in the kidney from obstruction—hydronephrosis—was made and the abdomen opened in the right lumbar region. A dark solid mass was exposed, on puncturing which no fluid was obtained. The wound was then enlarged when the presenting mass was made out to be the liver. The wound was then closed. Although Listerism was employed throughout, death ensued in 12 hours. *Post-mortem* revealed complete displacement of all the abdominal viscera. The long diameter of the liver was vertical, the right lobe lowest and presenting at the wound. Right kidney pushed forward. Stomach vertical as in infancy. The colon and small intestines occupied the left lower and anterior portion of the abdominal cavity. No fluid was found to explain the seeming fluctuation.

**TITLES OF SPECIALISTS.**—The following "Report of the Judicial Council of the American Medical Association" forms a part of the By-Laws of the Michigan State Med. Society:

"The acceptance of the honorable title" (doctor) "is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of Doctor, it should be indicated, not by special or qualifying titles, such as Oculist, Gynæcologist, etc., nor by any positive setting forth of qualifications, but by a simple, honest notice, appended to the ordinary card of the general practitioner, saying, 'practice limited to diseases of the eye or ear,' or 'to diseases peculiar to women,' or

'to midwifery exclusively,' as the case may be."

**OPENING OF THE COLLEGES.**—The sessions of 1882-83 of the University of Maryland, School of Medicine, the College of Physicians and Surgeons, and the Woman's Medical College of Baltimore will open on Monday, Oct. 2nd. There will be no formal address at the University. Prof. C. F. Bevan will deliver the Introductory Lecture at the College of Physicians and Surgeons at 10 A. M. Prof. T. A. Ashby will deliver the Introductory at the Woman's Med. College at 11 A. M.—subject, "The Medical Education of Women." The session at the Balto. Med. College began Sept. 5th. Important improvements have just been made in the building of this institution, greatly increasing the facilities for laboratory instruction and the study of practical anatomy.

**FLOATING KIDNEYS.**—*Skorczewsky*, at a watering-place in Galicia, found 32 females and 3 males with floating kidney out of 1030 females and 392 males examined. In 19 the right organ and in 11 the left was affected. In 5 (pluriparæ) both organs floated. S. thinks the affection far more common than supposed and that physicians overlook its existence. None of the 35 above mentioned were sent on account of the kidneys. The condition depends, he thinks, chiefly upon disappearance of circumrenal fat, atony of tissues from acute fevers, and pressure of hypertrophied abdominal viscera. Coexistence with malarial hypertrophy of spleen was often observed (most commonly in left displacement) and the author strongly recommends examination of kidneys in all malarial affections.—*Lond. Med. Rec.*

**HYPOPHOSPHITES IN PHTHISIS PULMONALIS.**—*Thorowgood* claims a very high value in this affection for the

hypophosphites, having seen better results from them than from cod oil and iron. In caseous and scrofulous pneumonia they often act like a charm. He has always found them useful and never harmful, and urges a more extensive employment of them. In using, first see that no renal or hepatic complication exists and then test the remedy, seeing that it ignites readily when heated. Give in water or syrup. A little carb. soda may occasionally be advantageously added.—*Brit. Med. Journ.*

KOCH ON DISINFECTANTS.—From careful investigations *Koch* concludes that the only certain disinfectants are chlorine, bromine and corrosive sublimate, and that to arrest development, only corrosive sublimate, certain ethereal oils, thymol and allyl-alcohol are available. Bromine vapors are recommended for confined spaces. Chlorine is a little less satisfactory but more so than formerly supposed. In all cases where neither heat nor gases are available, corrosive sublimate, and indeed all the mercurial salts are recommended. A solution of 1 per 1,000 of the mercuric chloride, sulphate or nitrate, killed the resting spores in ten minutes; and indeed simple moistening of the earth containing the spores with this solution is sufficient to arrest their power of development. Solutions of 1 in 1,000 to 1 in 15,000 are sufficient to kill micro-organisms. The poisonous action of such diluted solutions may be disregarded. The cost also is far below that of carbolic acid.—*London Medical Record*, Aug. 15th.

Two cases of fatal collapse in boys æt. 8 and 6 from the hypodermic injection of gr.  $\frac{1}{30}$  to  $\frac{1}{45}$  of apomorphia are reported by Rosenblum (*Lond. Med. Record*). No emesis followed, and it is reasonable to suspect the purity of the drug.

APPOINTMENT OF PATHOLOGIST.—*Dr. W. T. Councilman*, late assistant to Prof. Chiari, at the Rudolf Hospital in Vienna, has been appointed Assistant to the Chair of Pathology in the University of Maryland, and Pathologist to the University Hospital. Dr. C. takes Dr. Morison's place in the Quiz Class conducted by Drs. C. McSherry, Brune, R. W. Johnson and Morison. It is understood that he intends to devote himself exclusively to pathology.

PREGNANCY AT SIXTY-TWO.—*Dr. W. J. Kennedy* (*Edinb. Med. Journ.*, June) reports the case of a woman, æt. 62, whom he attended in her twenty-third pregnancy. Her catamenia had generally been regular up to nine months previously. The labor was easy and the child was a well-developed male. The patient had been thrice married and had had twenty confinements (one twin) and three miscarriages. As a rule she had always menstruated regularly when not carrying a child. Since reaching the age of 47 she had had six births and one miscarriage. She began to menstruate at 13 and had her first child at 17. The case was thoroughly sifted and the evidence of the reliability of the history given seems to be beyond question.

MAMMARY MENSTRUATION.—*Mr. Stear* (*Lancet*) reports a case of vicarious menstruation of this kind in a woman, æt. 50, many years married, barren, and normally menstruating from 13th to her 48th year. Blood flowed from the nipples three or four days in every month, at regular periods. Severe pain in the breasts accompanied the flow. Prof. Paget observed that he had seen a young girl who had a monthly effusion of blood in the anterior chamber of the left eye. This was absorbed in the intervals.—*Am. Pract.*



## MEDICAL ITEMS.

Two hundred and sixty-seven medical works were published in Japan, in the Japanese language, in 1881.—*Chicago Med. Rev.*—A. M. Edge, M. D., M. R. C. P., Manchester, reports in *Brit. Med. Journ.* a case of herpes zoster occurring during arsenical treatment—three minims twice daily for two months, for chorea, in a girl æt. 10.—Unless a practitioner be a pathologist he cannot be a good practitioner.—*Hughlings Jackson*.—The National Board of Health of Germany spent last year \$4,000,000.—Dr. Bucknill, in an article in *Brain* upon the mental condition of Guiteau, concludes that he was both sane and responsible.—Dr. H. A. Lediard (*Med. Times and Gaz.*) reports two cases of phthisis in whom there was never any expectoration. Both lived exactly four months. Neither had hæmoptysis and there was scarcely any cough. It is evidently not at all a favorable sign.—Wölfler's patient with resected pylorus is in splendid health a year after the operation, with no signs of the malignant growth, either in the stomach or lymphatic glands. Billroth's patient, operated on Oct. 29th, 1881, for the same cause, is perfectly well.—Dr. Albert G. Heyl reports a case in which acute inflammatory glaucoma was speedily developed by the instillation of duboisia in an eye in which a simple glaucoma already existed.—*Am. Journ. Med. Sci.*—Condurango is not dead. Hoffman, of Basle, (*Centralb. f. d. Med. Wiss.*), reports 20 cases treated by it with "demonstrable benefit in some."—Dr. Stokes, of Dublin, in his eloquent address in surgery before the British Medical Association, places anæsthesia, antiseptic treatment, and osteogenesis as the three greatest advances in surgery during the last half century.—The New York Post-Graduate School will be opened No-

vember 1st. The Professors are Little, Hammond, Roosa, Piffard, Sturgis, Pallen, Satterthwaite, Spitzka, Morton and others. An innovation will be the incumbency of Mary Putnam Jacobi in the Chair of Diseases of Children. —A case of acute conjunctivitis caused by the electric light, is reported in the *Lancet*.—According to the *Lancet*, \$5,000,000 are paid annually by the British public for secret remedies.—The International Congress of Hygiene met at Geneva Sept. 4th to 9th.—Dr. H. A. Wilson, of Phila., records two cases of rupture of the membrana tympani due to diving.—Dr. J. M. Keating, of Phila., declares that the presence of micrococci in the blood is very significant of the malignant type of measles. Alcohol checks the development of these in culture-solutions and is rationally indicated in the treatment.—Semmola, of Naples, strongly advocates the use of iodoform in chronic lung diseases, three-fourths to seven and a half grains daily in divided doses, made into pills with ext. gentian. Dissolved in turpentine, it may also be inhaled three or four times daily.—Dr. Debove, of Paris, is using a powder of milk obtained by desiccation, each drachm representing a pint of fresh milk.—Nitroglycerine is said to have the same controlling effect over angina pectoris that nitrite of amyl has, but according to Murrell it has the merit of greater stability, less rapid action and more permanency of effect than the latter. A one p. c. sol. should be used, ½ minim to be given every three hours, increasing as required.—Prof. Pirrie, the well-known Professor of Surgery, in the University of Aberdeen, has resigned his Chair, after an incumbency of 42 years.—Dr. Cameron Piggot has been elected Lecturer on Chemistry and Pharmacy, and Dr. Amanda E. Taylor has been appointed adjunct to the Chair of Mat. Med. and Therapeutics at the Womans' Med. College of Baltimore.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

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WHOLE No. 95.

BALTIMORE, OCTOBER 1, 1882.

VOL. IX, No. 11.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### A CASE OF TETANUS FOLLOWING VACCINATION.

BY H. J. BERKLEY, M. D., OF BALTIMORE.

The following case came under my notice about the beginning of the epidemic of variola in Baltimore, and may be interesting in showing how trivial the lesion may be that will produce tetanus. The history I draw from my clinical note-book:

D. M., æt. 40, a tall, healthy-looking man, was vaccinated about the middle of January, 1882. Some days after the operation he exposed himself to severe cold; soon the arm became much swollen, and the integument surrounding the scab inflamed; to-day (Feb. 8th), when I first saw him, a rather deep ulcer of the size of a silver quarter, surrounded by an inflamed and indurated border, occupies the seat of the vaccination. No neuralgic pain is complained of in the neighborhood of the wound, nor does pressure upon the nerves give rise to any. Careful examination of the patient's body revealed no other lesion.

Several days ago he complained of a slight bronchitis, and some vague fugitive pains in the back, but attributed no importance to them; yesterday (Feb. 7th) he first noticed a slight stiffness of the jaw muscles; this has greatly increased to-day, and at the time of my first visit he could only separate the teeth to a slight degree. The muscles of the back are also slightly contracted, so that there is a light degree of opisthotonos. The reflex functions of the cord are considerably exalted; there is slight photophobia, and a considerable degree of hyperesthesia; if the skin be scratched, or even quite lightly touched, he complains of pain radiating from the irritated region.

To-night the patient's body is continuously bathed in perspiration; great drops of sweat roll down upon his pillow from the face and forehead, and the nervous exhaustion is already considerable. Muscular spasms have commenced in the lower extremities. Acceleration of pulse and respiration has begun, neither to any great extent, nor has the temperature risen.



Feb. 9th. The symptoms of yesterday have increased in violence, the convulsive exacerbations are more frequent, excited by the faintest breath of air or movement of the patient's body. Sleep is rendered difficult, the convulsions continuing during the night. The back is more arched and the sweating even greater than on the previous evening. The intellect is perfectly unclouded, he talks clearly, and the only head symptom is an intense cephalalgia. The muscles of deglutition do not seem to be as yet involved; any food that can be carried past the teeth can be readily swallowed. Respiration is short, interrupted and a little labored. In the evening during a remission the t. was in the axilla  $100\frac{2}{3}^{\circ}$ , r. 28, p. 110.

Feb. 10th. Little change has taken place since yesterday. The opisthotonos continues the same. The convulsive attacks are more frequent. During these spasms the pupils are observed to contract, and again dilate when the convulsion has passed; in the interval they are considerably dilated. The mind is still clear. Appetite for liquid nourishment is retained. In the evening the t. was  $100\frac{2}{3}$ , r. 20, p. 112.

Feb. 11th. To-day the patient is much weaker than at any previous time; the back is less arched; he lies with eyes closed, and looks exhausted, but if questioned answers directly. Sweating has much decreased. The hyperesthesia is less intense though still well-marked. In the afternoon the clonic exacerbations have been more frequent; the risus sardonicus is well marked during them. There is a degree of relaxation of the jaw muscles; the patient can open the teeth considerably wider than yesterday.

The respiration has risen higher than on any previous day—36 per minute. The pulse during the access runs up till it is almost imperceptible, stops for several beats, then falls to 112.

Morning, p. 112, r. 24.

Mid-day, p. 112, r. 24.

Evening, p. 112, r. 36, t.  $100\frac{2}{3}^{\circ}$

Feb. 12th. The sufferer's condition is much worse; the opisthotonos is still well-marked; the exacerbations are frequent and severe. The muscles of deglutition are for the first time involved; swallowing is now quite difficult. Coma commenced this morning, and by night had so increased that it was very difficult to arouse him. Only a small quantity of liquid nourishment has been taken to-day. The teeth are still further separated than yesterday. The voice continued unaltered till coma began.

The urine, which has always been passed freely, was examined for the first time to-day. It was high colored with an abundant deposit; tested by heat and acid nitric it showed about one-sixth albumen. Microscopic examination revealed tube casts in large numbers, mostly of the hyaline variety, but there were also epithelial, and a few containing only the nucleus of the epithelial cell, which stained very prettily with carmine; nearly all were small in size. In addition to casts, there were epithelium from the pelvis of the kidney and the bladder, red and white blood corpuscles; the latter treated with acetic acid showed as high as seven or eight nuclei, together with the debris of all these combined, and a few hexagonal crystals of cystine. The temperature to-day reached its greatest altitude,  $102^{\circ}$ . At mid-day the r. was 36, p. 140, t.  $102^{\circ}$ .

Feb. 13th. The patient is sinking rapidly. He has remained perfectly comatose. The attacks have not diminished in frequency or severity; the slightest irritation, even of touching the eye-lid lightly, will throw him into an intense spasm lasting a few seconds. At mid-day the r. was 44, p. 120; temperature could not be taken on account of the frequent spasms.

Death occurred this evening, the seventh day of the disease, from apnea. The treatment throughout was chloral hydrate and kalium bromide in large doses. Constipation was persistent during his entire illness and was occasionally relieved by an enema.

No necropsy was permitted.

\* \* \* \* \*

The special interest in this case centres in the fact of the malady occurring from so slight a lesion in a man whose nervous system was of course fully developed, and who was healthy at the time of vaccination.

Though it is evident that tetanus is an irritative state of the bulbo-spinal axis; still of its true pathology we have little accurate knowledge up to the present time. Rokitsansky, Dickinson, Benedict, Lockhart-Clarke, Michaud, and others have all disagreed more or less on the special morbid appearances found in the cord and medulla, though in the main agreeing on certain inflammatory changes in the gray substance.

The latest observer, Ross,\* found in a patient dying of tetanus softening in the lumbar cord, shrinking of the motor cells in various groups of the anterior cornua, the vessels surrounded by leucocytes, the gray and white substance infiltrated with the same bodies. In the medulla, alteration of the cells of the hypoglossus, spinal accessory and vagus, especially of the last two; the bulbar median artery surrounded by red blood corpuscles, also a large number of white corpuscles in the olivary bodies, pons and between the fibres of the seventh pair. In the cerebellum dense infiltration of leucocytes, principally around the corpus dentatum and cells of Purkinje. The tissues of the cerebellum, however, did not present any pathological change.

Vulpian,† after criticising the differ-

ent opinions held on the subject, concludes that up to the present period no one has found a distinctive lesion, and that "I have never recognized an incontestable histological alteration in any of these parts" (bulb and cord). Nor have Ranvier\* or Billroth† had any better success. Leyden‡ has proved "that the changes found by Rokitsansky are not constant and are due in a great measure to imperfect methods of preparation."

The only lesion which all have agreed upon as being constant is congestion, but does this occur as primary or secondary? Vulpian¶ believes that in the convulsive spasms produced by strychnia in the frog (and truly strychnism bears a strong analogy to tetanus), "the vascular congestion which is observed in the cord of the frog, may be due in part, at least, to the repeated stasis which the venous blood has undergone during the convulsive access."

The reflex theory which formerly was supposed to give the best explanation of the malady, has lately met with little support, for the neuritic state, first noticed by Lepelletier, in which the nerves are so often found, or, according to Erichsen,|| always, would lead us to conjecture rather of a direct action exercised on the cord through the medium of the contripectal nerves. Lately in the observations brought forward to support the reflex theory, such as arise in pleurisy, pleuro-pneumonia, phthisis pulmonalis, etc., the intercostal nerves have been found by Beau§ to be inflamed.

In a recent post-mortem that I made in a case of tetanus, resulting from exposure to cold, in an old woman with senile gangrene of the feet, the anterior tibial nerves were found

\**Histolog. Path.*

†*Gen. Surg. Path.*

‡Cited by Ross, *l. c.*

¶Vulpian *l. c.*, p. 686.

||*Science and Art of Surg.*

§Cited by Ross, *l. c.*

\*Ross, *Dis. of Nerv. Syst.* 1882.

†*L'Appareil Vaso-moteur*, T. II., p. 90.



slightly tumefied and rosy in color, the diseased state being visible some fifteen or twenty cm. beyond the neighborhood of the sloughy tissues.

There is one pre-eminent circumstance which favors the hypothesis of neuritis ascendens, viz., that after division of the principal nerve trunks leading from the seat of the injury the disease is frequently arrested, but this only follows when the section is performed early. The inference may, therefore, be drawn that the nerves diseased are cut above the inflamed portion, or otherwise no good will result.

Altogether it seems probable, that in the nerves implicated in the lesion there is at first a degree of inflammation set up (apparently influenced by some unknown abnormal change in the system), which by its morbid influence upon the axes cylinders produces changes in them too delicate to be shown by the present methods of investigation, which is propagated along the centripetal fibres to the motor cells, irritating them, the effect being shown in the form of muscular spasms. One would conceive that in those cases in which tetanus followed immediately a peripheral injury, there must have been some predisposing influence which was overlooked at the time, and that the injury only caused an immediate exacerbation of the morbid condition, possibly through the depressing influence of "shock."

The usual explanation of the intense sweating that is so frequently observed, is that the increased muscular action augments the blood pressure in the cutaneous vessels, and thereby the action of the sweat glands is increased. This is most certainly controverted by Liston,\* who found "the vessels contracted to such a degree that even amputation may be performed without the loss of a drop of blood."

I will quote what Foster\* says concerning the sudoral secretion:

"The analogy with other secreting organs leads us to infer that there are special nerves directly governing the sudoriparous glands, independent of variation in the vascular supply. And not only is this view supported by many pathological facts, such as the profuse perspirations of the death agony, of various crises of disease, and by certain mental emotions, and the cold sweats occurring in phthisis and other maladies, in all of which the skin is anæmic rather than hyperæmic; but we have direct experimental evidence of a nervous mechanism of perspiration as complete as the vaso-motor mechanism.

"If in the dog or cat the peripheral stump of the divided sciatic nerve be stimulated with the interrupted current, a profuse sweat breaks out in the foot, and may readily be observed in the balls of the toes.

"Not only may the secretion be observed when the cutaneous vessels are thrown into a state of constriction by the stimulus, but it also appears when the aorta or crural artery is clamped previous to the stimulation, or indeed when the leg is amputated."

Changes of an inflammatory character have also been found in the sympathetic system, especially in the cervical and semilunar ganglia by Andral, Dupuy, and Swan,† changes which help to point out how general the alteration is in the entire nervous system produced by the tetanic poison.

The cessation of the heart observed during the exacerbations is probably due to an increase of resistance to the blood, owing to the constricted state of the vessels, conjoined with loss of motor impulse in the exhausted cardiac muscle.

The late involvement of the muscles of deglutition is a rare feature,

\*Cited by Erichsen, *l. c.*

\**Text-Book of Phys.*, 2nd Am. Ed.

†Cited by Bauer, *Ziemssen's Cyclopaedia*.

usually being one of the primary symptoms of greatest frequency, but recently it has been found wanting in several observations, as in the case of Symonds,\* in which deglutition was not impaired up to the ninth day.

The pupillary contraction noticed during the access, has, as far as the literature at my command allows me to judge, been unobserved hitherto, and shows the participation of the non-striated muscular fibres very prettily; Mr. Curling† has, however, seen a constant contraction of the pupil in many of his cases.

The large proportion of albumen in the urine (one-sixth—usually a mere trace according to Rosenthal), together with casts and red and white blood corpuscles, is quite remarkable; the history of the patient showed no previous renal disease, so we are forced to the belief that acute nephritis with its attendant deposits began during the course of the primary disease; possibly also the coma in the last days of life was owing to the kidney implication. Of the significance of the cystine crystals I am unable to conjecture.

Tetanus arising so tardily from a wound (three weeks) is rather rare, being usually met with from the fifth to the fifteenth day, still quite a number of cases have been reported of its appearing much later; among them one by Mr. Ward,‡ of Manchester, where the symptoms first appeared ten weeks, and another by Friedrich|| twelve weeks after the injury.

The case well illustrates the great care one should always take to enforce upon the attention of the patient a proper degree of precaution to prevent subsequent troubles even in operations so exceedingly simple as vaccination. I cannot think, though, that the virus itself had any part in

the production of this dreadful malady, the lesions of the peripheral nerves involved in the inflamed tissue, probably being the immediate factor; for of the many thousands who are annually vaccinated, how seldom is it that we meet with any disagreeable after-effects, provided proper precautions are taken.

# SOME FACTS AND OBSERVATIONS DEDUCED FROM AN ANALYSIS OF 158 CASES OF PNEUMONIA OCCURRING AT THE BALTIMORE INFIRMARY (UNIVERSITY HOSPITAL) DURING THE TEN YEARS ENDING 1869.

BY EUGENE F. CORDELL, M. D.,

Prof. Mat. Med. and Therapeutics, Woman's Med. Col. of Baltimore, etc.

The following statistical facts, deduced from an analytical study of 158 cases of pneumonia occurring in the Baltimore Infirmary (University Hospital) during the ten years from 1859 to 1869, were compiled from the Records and Clinical Reports of that institution during my service as Clinical Recorder, 1868-69, and were made the basis of a paper read before the Baltimore Pathological Society in the latter year. As they have never been published, and as no large statistics have ever appeared of this disease as it occurs in Maryland, it is believed that they are worthy of record; not that they contain anything new or striking but because they contribute to our knowledge of the subject, and are confirmatory of the reports of other observers; as, for instance the valuable statistics of Prof. Austin Flint.† Although these latter were published some years previous to the preparation of mine, I did not know of them until sometime after mine were drawn up; I was then very agreeably surprised to find how closely the two series corresponded.

†*Am. Journ. Med. Sci.*, Jan., 1861, pp. 17-55.

\**Lancet*, Jan., 1880.

†Cited by Radcliffe, *Reynolds' Syst. of Med.*

‡Cited by Ross, *l. c.*

||Cited by Bauer, *l. c.*



A marked difference in the prevalence of the disease in different years was noted. For instance, there were 28 cases (the maximum) in 1864, and but 9 (the minimum) in 1861, notwithstanding the total number of inmates of the hospital did not vary essentially during those years.

With reference to the periods of the year: The greatest number occurred in April; next followed January, March and February in order; the smallest number occurred in July. In April there were 25, in July 2. From November to April, both inclusive, there were 116 cases, whilst for the other six months of the year, from May to October, inclusive, there were but 39—a proportion of 3 to 1. During the first 6 months of the year there were 103 cases, during the latter 6, 52—a proportion of 2 to 1. In the 3 fall months, September, October and November, there were 28 cases; in March, April and May, 54. "The above figures show very clearly the controlling influence of cold and damp weather, especially of the early spring, in the production of the disease. And this suggests not only an increased vascular determination to internal organs, but a diminished skin function and a proportionately larger elimination of the moisture, etc., by lungs and kidneys. With an atmosphere already charged with moisture we are deprived of that evaporation which at other times is continually going on from the surface and tends to maintain the equilibrium of animal heat, moisture, and supply and waste."\*

Another point in the causation upon which stress was laid, was that in the internal determination of blood the effect of such determination should be chiefly witnessed in the lungs because *all* the blood has necessarily to pass through these organs. "The sweat glands have ceased to act; the

vapor and other excretory elements are no longer eliminated by the surface; the heart is constantly urging on a new supply of blood from behind—all producing a strong tendency to choking up of the pulmonary capillaries. We have here a condition of congestion and increased functional activity highly favorable to the development of inflammation. Let this condition continue for a certain time or exceed certain limits—various according to the sanitary condition of the individual, or certain constitutional tendencies—and reaction will fail to occur. The stagnation of the blood, the tension of vessels, the necessities of pulmonary circulation, æration and excretion, and the force of the heart, all combine to promote an inflammatory tendency."

Age: The average in 152 cases was  $31\frac{2}{3}$  years—the period of greatest exposure. The following table exhibits the cases arranged by decades:

Age.	Cases.
0-10 years .....	1
10-20 " .....	16
20-30 " .....	70
30-40 " .....	40
40-50 " .....	16
50-60 " .....	12
60-70 " .....	5
70-90 " .....	2

The greatest number, it will be observed, occurred between 20 and 30, being nearly twice as large as from 30 to 40, the decade next in order. The smallest number occurred between 0 and 10 years. Of those who recovered, the average age was  $29\frac{1}{3}$  years; of fatal cases,  $39\frac{1}{2}$ .

Occupation: Stated in 147 cases, of which in 126 it was such as necessarily subjected to exposure. More than  $\frac{1}{2}$  were sailors,  $\frac{1}{4}$  laborers.

Habits: Stated to be intemperate in the majority, viz:  $\frac{2}{3}$  of those who recovered,  $\frac{3}{4}$  of those who died. "The exposure to which the subjects of intemperance are subjected

\* The quotations made are from my original paper.

is doubtless more to blame in these cases than the direct effects of the alcohol."

The time of sickness before admission: Noted in 111 cases, the average being  $6\frac{1}{3}$  days. In 56 sailors it was  $8\frac{2}{3}$  days. The whole period of illness, *i. e.*, up to the date of discharge from hospital was noted in 95 cases; the average was 24 days. It was the same in two separate collections of cases. As sailors sometimes linger in hospital longer than necessary, or remain to be employed as nurses, etc., I omitted the 48 cases of sailors; of the rest who were laborers, servants, mechanics, painters, etc., persons paying from their own pockets for the hospital advantages, and therefore not likely to remain after they become fairly convalescent; the average duration was  $23\frac{1}{2}$  days. In fatal cases the average duration was 12 days, the minimum being 3, the maximum 28.

Average duration *in hospital* of fatal cases was  $5\frac{1}{2}$  days.

Seat of disease: Reported in 43 cases. The right lung alone was affected in 21 cases, of whom 17 recovered and 3 died (omitting 1 who died of heart disease). The left lung alone was affected in 9 cases, of whom all recovered. Both lungs were affected in 13 cases; 9 died, 4 recovered. Of the 9, 3 had complications.

According to these figures, the right lung appears to be twice as often the seat of the disease as the left, and both lungs are involved in about 1 in every 12 cases. "The records do not permit me to determine the relations of apex disease but experience proves that such location increases the severity. The impression which prevails that apex disease is apt to be associated with tuberculous deposit seems to be supported by the rarity of its location in this situation, the constancy with which tubercle selects this point, and the apparently hypostatic nature of the con-

gestion which precedes the pneumonic inflammation." The analysis did not touch upon many points of interest connected with symptoms, modes of treatment and results. There were difficulties in the way of investigation upon these questions which made it doubtful whether the results to be obtained would justify the labor required in securing them.

## ORIGINAL TRANSLATION.

### REFLEX-NEUROSES AND NOSE DISEASES: CONTRIBUTION TO NASAL SURGERY.

BY. DR. WILHELM HACK,

Privat-docent in the Freiburg University.

TRANSLATED BY J. EDWIN MICHAEL, M. D.

(*Concluded*).

#### 4.—MUSCÆ VOLITANTES AND SUPRA-ORBITAL NEURALGIA.

Case 4 is that of a patient—otherwise perfectly healthy—who, after twenty-two years' military service, on purely personal grounds left the army and sought civic employment. He was certainly not of a "neuropathic disposition." Patient was never really sick; his only complaint was of attacks of coryza from which he very frequently suffered. During the last few years he had observed that the attacks of coryza occurred less frequently but that on the other hand a new symptom gradually made its appearance; a suddenly-beginning glimmering before the eyes in the form of brilliant zig-zag lines and curves, which remained for hours, and was accompanied by a typical supra-orbital neuralgia. The attacks were growing more frequent and more severe, so that they interfered very materially with his business. With much trouble I discovered in the otherwise perfectly normal nasal cavity, on the left inferior turbinated bone a small patch of deep red granulations, very sensitive when touched by the sound. These



I cauterised with the galvano-caustic at a single sitting. Since then his attacks ceased and have not again returned.

In this case there are several points of interest: Note the dependence of the bilateral attacks on a unilateral nose affection.

Bearing upon the connection between the symptoms described above and the nose trouble, I have been able to find only one case recorded in which there was presumably a similar connection in which, however, no corresponding therapeutic measures were taken.\*

Long before I had busied myself with these conditions I was led by a sort of *argumentum ad hominem* to assume this inter-dependence. In my own case there occurs a short attack of *muscae volitantes* in the form of the well-known "fortification line" as the precursor of a cold in the head, and the attack generally ends with repeated sneezing.

These circumstances are, however, as I believe, susceptible of a much broader interpretation. It is not unthinkable that we occasionally see cases of amblyopia and amaurosis whose origin can be found in reflex nasal irritation. The literature of the day gives this idea analogical support. Very striking are the reflexes brought about in sensitive persons by inhalations of powdered ipecacuanha; we sometimes see bronchial asthma, sometimes also amblyopia and transient amaurosis. (Thamhayn,† Dyce Duckworth‡). Observations are also tolerably numerous in which pathological irritation of other branches of the trigeminus have produced reflex amaurosis, which could only be cured

after the causative irritation had been removed (Mackenzie,§ Hutchinson,|| Campbell¶ and others).

A word more in regard to the accompanying supra-orbital pain. It is interesting to note that in this case a typical neuralgia with characteristic symptoms—the point of greatest pain at the supra-orbital foramen was very decided—was cured by operative removal of a nasal trouble. As is well-known this neuralgia has been associated by several authors (Mandach,\*\* Seeligmüller,†† and others) with catarrhal inflammation of the frontal sinuses. I do not see the necessity of this hypothesis and believe that many things mentioned by these authors can be better explained by the assumption of the reflex nature of the trouble as a result of disease of the nasal cavity. But I cheerfully admit that the question could only have been definitely settled by a careful rhinoscopic examination of the posterior nares. The greater, therefore, is my regret that the writers mentioned, in the richness of their material—Mandach could have compared 82 cases—did not communicate their results from this point of view. Pathologico-anatomical experience is opposed to their view. Zuckenandt‡‡ has examined the sinuses of the skull in 150 cases and found that the antrum of Highmore is most frequently affected with catarrh; after that the sphenoidal sinuses and *least frequently of all* the frontal sinuses.

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§Pract. Treatise on the Diseases of the Eye, 1877. Amaurosis from irritation of the branches of the fifth nerve.

||Oph. Hosp. Reports, iv, 4, p. 381.

¶Cit. in der Arbeit. von Brettner, *Berl. Klin. Wochr.*, 1882, No. 11.

\*\*Ueber Neuralgia supraorbitalis intermittens. Correspondenzblatt f. Schweizer Aerzte 1879, S. 640.

††Neuralgia supraorbitalis intermittens. Centralblatt für Nervenheilkunde, 1880, S. 209.

‡‡*Wiener Med. Jahrbucher*, 1880, S. 88.

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\*A. v. Reuss "Casuistische Beiträge zur Kenntniss des Flimmerscotonus."—*Wien. Med. Presse*, 1876, No. 4, S. 126 (Fall 1).

†Schmidt's Jahrbucher, 1857, Bd. 96, S. 301.

‡Observations on the Action of Ipecacuanha. *St. Barthol. Hosp. Rep.*, vii, p. 90.

5.—CILIARY NEURALGIA.

Patient No. 5 had been operated on for nasal polypus not less than twelve times, the operation being always done with forceps. The development of each relapse was announced, long before notable stenosis had been produced by attacks of severe pain which the patient localised partly in the lower eyelid but chiefly in the eyeball on both sides. I extirpated the polypi, whose presence in no wise interfered with respiration, with the galvano-caustic snare, and besides that thoroughly cauterised their bases. Immediately after the operation the patient had one of his former attacks lasting several minutes, but he has been entirely free from them since.

6.—PAIN IN THE EYELIDS.

The sixth patient suffered at first with very frequent attacks of coryza, but later during the intervals of the attacks with very severe pain in the angle of the right eye, radiating into the upper and lower lid. The diagnosis was here very easy. There was a considerable thickening of the mucous membrane over the right lower turbinated bone, which had nevertheless produced no appreciable stenosis of that side of the nares. After a few cauterisations, which on account of the incredible terror of the patient could not be thoroughly done, the subcutaneous pains completely vanished and—a fact of great interest—the attacks of coryza became much less frequent.

7.—CEPHALALGIA.

Under this head I might include two cases in which the patients complained of persistent pain and sense of pressure over the front part of the head—these troubles not assuming the character of hemicrania or neuralgia.

In the first case (7) the patient, a gentleman in the thirties, in addition to the before-mentioned symptoms,

complained of attacks of severe pain which, beginning at the upper part of the nose, radiated backward toward the base of the skull (probably following the course of the nervus spinosus trigemini). In examining the nose from the front I discovered a decided thickening of the mucosa over the right middle turbinated bone. But in attempting to examine by way of the mouth I met with an apparently insuperable irritability. The patient vomited and strangled before the instrument had touched any of the parts; so I satisfied myself as best I could with what I had gained by the anterior examination, cauterized the mucous thickening and had the satisfaction to see the frontal pain and sense of pressure vanish. The peculiar pain in the roof of the pharynx, however, remained as severe as ever. As the last-named complaint after several weeks seemed to get no better, but on the contrary to grow worse, I again undertook to make a posterior examination, and after several vain attempts, which about used up all my patience, I at last succeeded. I discovered in the left cavity a polypus as big as a hazelnut. The patient was by this time so well trained that I undertook the extirpation of the polypus through the mouth with the galvano-caustic loop with the result of immediate disappearance of all the subjective symptoms. In a few months there was a relapse. After the second removal I thoroughly cauterised the base. Since that time no returning of subjective or objective symptoms.

I cannot abstain from calling attention to this case as an illustration that the most exquisite sensitiveness of the faucial parts cannot present an insuperable obstacle to posterior rhinoscopy. One should not allow himself to be discouraged by repeated failure as was formerly too often the case with myself.

The following case (8) deserves consideration, because it touches



upon the question as to whether nasal affections may not be worthy of study from the psychiatric point of view. This patient had for many years suffered from numberless attacks of coryza. Gradually the frontal pain and head pressure, which accompanied the attacks, began to persist during the intervals, thereby greatly interfering with the mental work to which the patient, on account of his calling, exclusively devoted himself. His memory became poor so that, (as he admitted to me only long after his cure), he suffered with the fixed idea that he was afflicted with a brain disease, became morose and looked to the future with the darkest forebodings. Many of the physicians whom he consulted had prescribed tonics and many other remedies but had left the nose trouble to take care of itself. Upon examination with a short speculum the nostrils on both sides appeared to be free. Upon dilatation, however, and the use of Markusorowski's long armed speculum, I discovered hanging down in the middle meatus on both sides a mass of polypi of all sizes. I removed them at several sittings with loop, forceps and galvano-caustic. There followed cure of all the subjective symptoms, return of the memory and such a gay and cheerful view of life that the patient felt himself completely transformed.

#### 8.—PAIN IN ONE SIDE OF THE FACE.

I report the following case (9) with reserve: The patient, a middle-aged married woman, related that she had suffered for years with very severe pain in the left side of the face. The attacks, against which heretofore the patient had been powerless, except for such small relief as she could get from very hot applications, became less frequent, whilst there was developed much more frequent and severe attacks of frontal pain. Finally the pain in the face was entirely relieved, but on the other hand the front-

al pain and sense of pressure became permanent. I found rhinoscopically on the side corresponding to the former face pain, viz: the right over the middle turbinated bone, a peculiar tuberculated surface which looked as if it were sown over with numerous small papillomata. The left nasal passage was on the other hand completely normal. I cauterised the right middle turbinated bone thoroughly in two consecutive sittings. She promptly lost the frontal pain and sense of pressure without any return of the pain in the face. Now I believe that this last probably had its origin in contemporaneous nasal affection and could have been cured in the same way, but naturally I am not in a position to prove this assumption.

I will now pass to the discussion of certain single reflex neuroses which seem to me to have had their origin in affections of the pharyngo-nasal cavity.

#### 9.—SPASM OF THE GLOTTIS.

In this case (10) the patient was a completely healthy physician free from any neuropathic disposition. After he had suffered from night-mare he would be awakened by threatening attacks of spasm of the glottis accompanied by a high grade of dyspnoea. The attacks were of short duration and passed off spontaneously. Posterior rhinoscopy showed considerable injection of the mucous membrane of the naso-pharyngeal cavity, and collection of mucus in this part. Treatment: Pencilling the part with lunar caustic several times repeated. Afterwards he was for a long time free from attacks. They returned, however, with an attack of catarrhal angina from which the patient suffered. Since that there has been no recurrence whatever. This case occurred very opportunely. I had in a former work\*

\*Ueber respirat. u. phon. Stimmritzenkrampf, I. c.

advanced the hypothesis that reflex spasm of the glottis could perhaps occasionally have its point of irritation in nasal or naso-pharyngeal cavity. At that time I was able only to support my assumption by an experiment in which, with a very sensitive patient, I was able to produce closure of the glottis by touching the normal nasal mucous membrane with a sound. The spasm continued several seconds and could only be relieved by a powerful expiration. The above case is a much stronger argument in favor of my view.

#### IO.—FAUCIAL COUGH AND VOMITING.

I have selected the following case (II) from a not inconsiderable number of observations, because it most exactly demonstrates the reflex troubles under consideration.

The patient, a physician, complained, though his stomach was otherwise most excellent, of a continual tickling cough produced by a constant sensation of having a foreign body in the pharynx, and especially upon rising in the morning he would be attacked with vomiting. On the posterior pharyngeal wall there were a few granulations, but in the clefts behind the tonsils on both sides there were rows of deep red granulations which reached up to the naso-pharyngeal cavity. I cauterised them with the galvano-caustic. The tickling cough ceased during the second sitting, after which all the other troubles passed away.

These important reflexes seem to me to have been too little considered, although C. Michel† and others have called attention to them. I have had a few cases to treat, in which the patients, on account of the continual vomiting, were thoroughly convinced that they were suffering from stomach trouble and were treated by their

physicians accordingly. A single galvano-caustic operation was generally sufficient to remove all the trouble. But even in these cases where there was only coughing and hawking, and this generally only in the mornings, the patients could not express the incredible relief which followed the painless operations so immediately. Here, also, I made the observation that the troublesome symptoms were produced not so much by granulations of the pars oralis—which in numberless individuals produce no inconvenience—as by granulations, which, in all their extent, can only be seen with the aid of the mirror.†

I have had occasion to examine in this respect several pregnant women who suffered severely from vomiting. They presented typical granulation rows along the sides of the pharynx. I could not carry out the indicated operative procedure. Whether at a time when, as is well known, the reflexes are generally in a most exalted condition, these troubles may depend upon the increased reflex irritability of these pharyngeal granulations and whether the hyperemesis of pregnancy can be prevented by a simple operation more promptly than it can be, according to Friedruch, with bromide of potassium, are questions well worthy of further study.

I now come to a case which I publish with the greatest reserve, and I do not bring it forward as a settled fact but only to encourage further investigation of these points.

#### II.—EPILEPSY.

Two years ago I was consulted by a stranger, on his way to Switzerland, on account of faucial trouble (sensation of having a foreign body in his throat and excessive mucous secretion)

† *Krankheiten der Mundrachenhöhle, u. des Kehlkopfs*, 1880.

† Vergl. auch Moritz Schmidt: *Ueber Pharyngitis lateralis*, *Deutsches Archiv. f. Klin. Med.* Bd. 26.



which I attributed to very profuse granulations which were present. The patient also informed me that he suffered from epilepsy, but did not trouble himself about this complaint since by continual use of large doses of bromide of potash the fits had been reduced to one about every two weeks, and they generally occurred at night. I cauterised the granulations thoroughly with nitrate of silver stick, and saw no reason to delay the patient's journey. I had thought little of the case when, after some time I received a letter from the patient. In the beginning he was very much put out at the result of my treatment, but felt it his duty now to inform me of its later beneficial effect on his epilepsy. In the first week after the consultation he had had an attack every day. Later they became less frequent, and now he only had one every two or three months. He could not help believing that there was some connection between his epilepsy and his faucial trouble.

Now I know very well how little that is convincing and directly instructive the above case presents. I also cheerfully admit that the growing worse as well as the improvement of the epilepsy could be otherwise explained. And yet supported by this unfortunately only transiently observed case, I cannot resist the suspicion that reflex epilepsy may also have its origin in diseases of the nose and naso-pharyngeal cavity. I will not adduce the numerous analogies. Yet I would beg to refer to one, viz: the once observed symptom complex, epilepsy and asthma.\* Of the dependence of asthma on nose troubles we already know much. Could not epilepsy, at least in such cases, have a similar origin?

These are my observations; their number is indeed small, and yet relatively important when one considers the difficulties under which they were collected. A doubt as to the reflex nature of these neuroses, especially in the face of the results of treatment, seems scarcely justifiable. Nevertheless I have myself some objections to make which will be of general interest.

It is indeed upon first consideration surprising that with the exception of the eleventh case, I have not been able to produce the reflexes by touching the affected parts with the sound. But the same thing seems to have been the case in those observations published by others of reflex-asthma; at least there is only one case reported in which touching the pharyngeal polypus with the sound produced dyspnoea.\* The irritants to which the nerve end-apparatus responds are only certain fixed ones, and mechanical contact does not belong to the number.

The following consideration, however, seems to be of more importance: As is known, Schwalbe, Axel Key and Retzius have shown that from the subdural and subarachnoid space of the brain not only can the lymphatics of the nasal mucous membrane be injected but that under moderate pressure the injection fluid can be forced through preexisting canals on the surface of the membrane. There exists, therefore, a direct communication between the mucous surface of the nasal cavity and the before-mentioned spaces filled with cerebro spinal fluid. It is not unthinkable that the pressure under which the cerebro-spinal fluid exists is regulated under physiological conditions through these channels. An interference with these vents by pathological conditions could produce an increase of pressure on the cerebro-

\*Schutz (*Prager Med. Wochenschr.*, 1880, No. 28) cites such a case; Salter also but erroneously, and about his publications on epilepsy there is nothing to be said.

\*Cited by B. Frankel, *Berl. Klin. Wochenschr.*, 1881, No. 16, Case of Porter.

spinal fluid with many subjective symptoms, and on the other hand an operative removal of the nose trouble could reopen the vents and cure the accompanying symptoms. I cannot deny that especially for the cases of cephalalgia this attempt at explanation is very seductive; yet we can scarcely say to what extent it is justifiable.

The chief point of my observations lies in the fact which they illustrate, that slight nasal troubles showing no special symptoms may be accompanied by grave neuroses. Now I am not in the least disposed, if I may be allowed to make the defence, to attribute all or even a majority of these neuroses to nose trouble. But when they do depend on an affection of the nose they offer to surgical therapeutics an opportunity surpassed by few other conditions.

## REVIEWS, BOOKS & PAMPHLETS.

*Essentials of Vaccination: A Compilation of Facts Relating to Vaccine Inoculation, and its Influence in the Prevention of Small-Pox.* By W. A. HARDAWAY, M. D. Jansen, McClurg & Co. Chicago: 1882. 8vo. Pp. 146.

The subject of vaccination is one of such vital interest, the views held by many physicians are so vague, and so much has been recently added to the literature of the subject since interest has been reawakened in it by the revival of bovine vaccination, that a condensed review of it by a competent hand cannot but be considered timely. Dr. Hardaway, a well-known dermatologist, has here furnished us with an admirable condensation of the more essential facts relating to it. He discusses in clear and attractive language the various questions of the identity of vaccinia and small-pox, the mode of absorption of the vaccine virus, the complications which may arise in consequence of vaccinia, the

frequency with which vaccination should be performed, the degeneration of virus, the relative advantages and disadvantages—including the “taking power”—of the humanized and animal virus, the proper period for the performance of vaccination and the contraindications of the same, the methods of vaccination, its protective power, the influence of vaccination upon developed small-pox, etc., etc., all matters upon which practising physicians should have positive and well-founded convictions. We hope to see the work extensively circulated.

*Proceedings of the Ninth Annual Meeting of Oregon State Medical Society,* held at Portland, June 14th, 15th, and 16th, 1882. 8vo. Pp. 116.

The Oregon Medical Society, organized in 1874, numbers 99 active members. Its business and ethics are entrusted to an “Executive Board,” whose members hold office for five years, one vacancy occurring each year. The Secretary is a salaried officer, and besides the ordinary duties of the office holds and disburses the funds as the Executive Board directs. A certain number of subjects is selected by the society yearly, and the President appoints the members who are to read papers upon them. In the present volume the President, Dr. C. H. Merrick, discusses the interests and working of the society. There are also in the volume papers upon various subjects, and reports of committees and cases that are of considerable interest.

*The Physician Himself and What he Should Add to his Scientific Acquirements.* By D. W. CATHELL, M. D. Second Edition. Carefully revised. Cushings & Bailey. Baltimore: 1882. 8vo. Pp. 208. Price \$1.25.

But three and a half months have elapsed since we had occasion to notice approvingly the first edition of this work and to predict for it a favorable



reception at the hands of the profession. Our notice, we believe, was the first that appeared in the journals. That we were not mistaken in our estimate of it is evidenced by the rapid sale of the first edition and the appearance of a second, the greater part of which, we learn, has already been bought out in advance. A very marked improvement is manifest in this edition: Faults in style, spelling and punctuation have been carefully corrected, subjects related to each other have been grouped together and the work has been divided into chapters. Objectionable paragraphs have been expunged or modified and additions amounting to fourteen pages have been made. We congratulate the author on his well-earned success, the legitimate result of meritorious and conscientious work.

*A Treatise on the Science and Practice of Medicine, or the Pathology and Therapeutics of Internal Diseases.* By ALONZO B. PALMER, M. D., L. L. D., Professor of Pathology and Practice of Medicine and of Clinical Medicine in the University of Michigan, etc. Vol. II. G. P. Putnam's Sons. New York: 1882. 8vo. Pp. 866.

The subjects treated of in this volume are Diseases of the Respiratory System, of the Urinary and Sexual Apparatus, of the Brain and Nervous System, and Parasitic Diseases. About  $\frac{4}{10}$  of the volume are devoted to the consideration of Respiratory Diseases and nearly as much to those of the Nervous System. The work, especially in the therapeutical department, partakes somewhat of the cyclopædic character, the views of leading authorities being given in considerable detail and with more prominence than those of the author which often are not stated with positiveness. Each subject seems to have been discussed, however, with judgment and in the light of all the facts and opinions worthy of consideration, both old and

recent, that have been elicited; so that the reader has the best opportunity afforded to make up his own mind upon it. On some points the author has opinions not shared by physicians in this country generally. For instance, he believes with Guttman in the utility of jaborandi in the treatment of croup, and he is disposed to regard alcohol rather as the cause than the preventive of tuberculosis. He is a strong believer in the antipyretic powers of quinine and its ability to cut short or modify inflammatory affections. The following suggestion is worth repeating: "Various percussing instruments have been used, but nothing I have seen used brings out so clear, so full and so natural a sound as a common stethoscope with a groove around the margin of the ear-piece in which is placed a ring of rubber, while the finger is used as a pleximeter," page 12. The term "*Pneumonokoniosis*" is employed to denote a class of affections due to the inhalation of various sorts of dust. Faulty expressions occur here and there as the following: "Recovery takes place after the most extreme symptoms," p. 109; "cultivate his sense of hearing, not to the same extent, but to some extent, as the musician learns to tune his instrument," p. 3; "The often good effects," p. 117; "To often procure relief," p. 162; "To again quote," p. 167, etc. "Pectoriloquous," p. 36, should be "pectoriloquious." "Dullness" and "skillful" occur frequently. To sum up in a word our impression of the volume: We would say that it possesses very decided merits especially in the portion relating to Respiratory Diseases and will bear favorable comparison with standard works upon the same subject. It lacks the terse and vigorous style of Flint and Bartholow, but is more comprehensive than these. It gives a reliable exposition of the accepted views of the most enlightened men of the day upon the important

subject of the Theory and Practice of Medicine.

*Contribution a La Geographie Medicale. La Nouvelle Caserne des Recrues de Skeppsholm au Point de vue Hygienique.* Par Le DR. A. FRÉDÉRIC Eklund. Stockholm, 1881. 8vo. Pp. 46.—*Sur le Traitement Rationnel des Gastrites Chroniques Infectieuses.* Par M. Le Docteur A. F. EKLUND. Reprint from *Rivista Italiana di Terapia e Igiene di Piacenza*. 8vo. Pp. 3.—*The Malignity of Syphilis, with an Analysis of 450 Cases of the Disease.* By L. DUNCAN BULKLEY, A. M., M. D. (Reprint). New York: 1882. 8vo. Pp. 27.—*Elephantiasis Arabum in the Samoan Islands.* By ARTHUR C. HEFFENGER, M. D., U. S. N. 8vo. Pp. 7.—*Second Annual Report of Dispensary for Nervous Diseases*, from Dec., 1830, to Dec., 1881. Balto., 8vo. Pp. 14.—*The Guitean Autopsy.* Reprint of editorial from American Journal of Neurology and Psychiatry, Aug., 1882. 8vo. Pp. 12. Signed "E. C. S."—*Annual Announcement of the Toronto School of Medicine.* 40th session, 1882-83. 8vo. Pp. 40.—*Appeal of Mrs. Elizabeth Thompson to the American People.* 4to. Pp. 14.—*The Prescription of Proprietary Medicines for the Sick; Its Demoralizing Effects on the Medical Profession.* An Essay by C. A. LINDSLEY, M. D., Prof. Mat. Med. and Ther., Yale College. New Haven. 8vo. Pp. 16.—*The Disease of the Scythians (Morbus Feminarum) and Certain Analogous Conditions.* By WM. A. HAMMOND, M. D. Reprint. New York: 8vo Pp. 17.—*Stricture of Rectum Treated by Electrolysis.* By ROBT. NEWMAN, M. D., of New York. Reprint. 8vo. Pp. 7.

ALEXANDER (*Archiv. of Dermatol.*) cites three cases in which inflammatory pustules developed under the use of sulphide of calcium and disappeared after its discontinuance.

## CORRESPONDENCE.

38 Weymouth st., Portland Place, }  
W. London, Sept. 15, 1882. }

To the Editors of the Md. Med. Journ.

DEAR SIR:—I cannot refrain from sending you just a line of thanks for the review of my little book, "What to do in Cases of Poisoning," in your last issue. It is a very able review, and I am much obliged to the author for the many valuable suggestions.

I am, dear sirs, faithfully yours,

WILLIAM MURRELL.

## EDITORIAL.

CREMATION—THE COMING METHOD OF DISPOSING OF THE DEAD.—There can be no doubt that there has been a growing sentiment of late years in favor of cremation. We can well recollect how the western world seemed to be taken by surprise when, in 1874, Sir Henry Thompson brought the matter prominently to notice and gave the powerful weight of his influence in favor of this method of disposing of the dead. In the period that has since elapsed, the subject has been freely discussed and written upon, and as a result of the light thrown upon it cremation has grown more and more into favor, until now it may be considered one of the vital questions of the day. It is probable that it owes its present prominence more to the extraordinary and widespread interest taken in sanitary science than to any other circumstance. Preventive medicine now is regarded as supremely important, and the utmost attention is being paid to the purification of air, water and soil. It is well known that much of the mortality of the human race depends upon defective sanitary surroundings and is therefore preventable. Especially does sanitation become an imperative duty where large masses of



living beings are congregated together. To remove the animal and vegetable excreta continually arising under such circumstances is a problem which has already advanced far towards a satisfactory solution.

Closely connected with such questions is the proper disposal of the dead. It seems scarcely to require argument to prove that the decay of dead bodies interred in the ground may be productive of harm to the living. Not only is the soil itself in time saturated with noxious fluids and gasses which may percolate through to the atmosphere above or to the streams around and beneath, but the germs of various diseases—known to possess a singular power of vitality—are thus stored up for the destruction of future generations. In proof of this may be cited the occurrence of plague in Modena, Italy, which was shown by Prof. Bianchi to be due to excavations made in ground where, 300 years previously, the victims of the pestilence had been buried, or the remarkable prevalence and virulence of cholera in the vicinity of graveyards in London in 1850, or the epidemic of 1822 in New York which was traced to the overcrowded condition of Trinty Church Cemetery.

When we reflect upon the number of persons who must have lived, died and been buried in or near a city of the size of Baltimore in the 150 years of its existence, and many of such fearful diseases as small-pox, yellow fever, scarlatina, typhus, etc.—of the parasitic origin, of which there is the very strongest presumptive proof—we can form some idea of the condition of much of the earth but a few feet below the surface of our soil. It is true we endeavor to obviate as far as possible the ill-effects of burial, by having our places of interment beyond the city limits, but the inevitable growth and development of towns and cities will soon bring them within the borders of habitation, and then

will come the demand for the alienation of the ground. A hundred years hence where will be the friends and relatives of those who now sleep in Greenmount Cemetery when the question of removal and reinterment arises? Nothing is more shocking to our sensibilities than the scenes that have been described as occurring in great cities—as for instance in London—at such times. Bodies have been offered for sale by those employed in the work; bones have been taken for use as manure; the coffin furniture sold and the coffins actually used for fuel.

The graveyard must inevitably yield in time to the demands of human interest and industry, and such a thing as a permanent resting place for the dead is rarely to be realized. And how often is the repose of the dead broken by unhallowed hands in search of treasure or of food for the dissecting scalpel, or perhaps for bodies to be held for ransom!

The state in which the body must be for years after interment, if realized in all its horrors, would seem capable of dissipating all sentiment connected with graves. We must picture it as it lies putrefying in the moist earth, fed upon and infested with vile worms, and emitting the most sickening and deadly odors. The methods employed in modern burial tend rather to prolong the act of decay and to postpone the return of the elements "to their native dust." Cremation seeks to accomplish in a brief period what nature requires long to do. Combustion is the agent of the change in both; they only differ in degree. But the former is cleanly. Within an hour or so, and at trifling cost, it reduces the body to a few pounds of white ashes, effectually preventing all possibility of future danger, and even destroying the gases which arise during the combustion.

Whilst the question is one which must and will be decided purely upon sanitary grounds, it will nevertheless

meet with a strong religious prejudice. It is undoubtedly true that the Christian doctrine of the resurrection was the motive that led to the adoption of the Jewish rite of inhumation. Such a mode of disposal is nowhere, however, in the Scripture inculcated as a duty, and we are not violating any religious obligation in adopting another which reason and experience show to be superior. It is a very narrow view of the great doctrine of the resurrection and of the power of the Creator, to imagine for an instant that reducing the body to ashes will interpose any obstacle to His miraculous power at the last day. Ignorance and superstition shrink at such a thought, but science and learning should give clearer perceptions.

SOCIETY "TRANSACTIONS."—We often hear disparaging remarks made concerning the need and value of the annual volume of Transactions, which most of our State and some other societies issue. These criticisms frequently come from persons who do not consider duly the merits of the question, and many of whom have lapsed into a general habit of fault-finding, which, therefore, may be said to be with them almost a second nature. On the other hand, honest and well grounded objections have been made by those whose opinions carry weight and neither can nor should be ignored. The chief objections which have been urged to the publication of the Transactions are that they necessitate undue delay in the appearance of the papers, that they are expensive, and that their circulation is very limited, in consequence of which the contributions do not receive the notice and attention that are to be desired. It has been therefore proposed by some to do away with the volume of Transactions entirely and either allow the papers to appear in any journal, at the option of the writer, or to have a journal partly or

exclusively under the control of the society. It is undoubtedly true as we have already had occasion to point out, that many of the best contributions to medical literature are withheld from the societies because it is thought they will obtain more éclat and enhance more the reputation of their authors if published in some of the popular journals of the day. Let us consider whether there may not be sources of fallacy in this and the other objections mentioned.

In the first place there need not be any unusual delay in the issue of the annual volume, provided members are required to hand in their contributions when read, and also provided energetic and capable men are appointed to superintend the publication of them. It may be added that too much voluntary work should not be expected of any one individual, and hence it seems wise that there should be at least one salaried officer to whom much of the responsibility and routine work should be entrusted. In many of the societies the secretary receives a salary and this seems to conduce greatly to the activity and welfare of such organizations.

To the proposition to publish in some medical journal there are many valid and strong objections. In the first place, the selection of one journal would create a monopoly and would affect injuriously the interests of other journals, besides being likely to incur their hostility. It is also not invariably true that the journals have the largest circulation; and even if they have, it is not necessarily of a character to compare with that which a judicious distribution of the volume of Transactions may secure. For instance, the latter should be sent, not only to all parts of our own country, but also to all civilized foreign countries, to all the great universities, libraries, medical and scientific institutions and societies, to the leading journals, etc., etc. Physicians dis-



tinguished as authors or influential in various departments of medicine, and especially those to whom the contributions would be likely to prove of especial interest, should not be forgotten in the distribution. To do this work well requires time, labor and judgment, and it is all the more appropriate that such service should receive compensation. Then if it were left to the option of members to publish in whatsoever journal they chose, the proceedings would be scattered far and wide, and it would be next to impossible to secure a complete report of them. Then again by this plan the advantages of exchange, by which transactions of other societies, books, medical journals, and other reading matter of great value, are secured without cost, are not to be lost sight of, especially when, as is the case with us of Maryland, we have a library connected with our State society. It is also believed that the "Transactions" are preserved with more care, and read more thoughtfully by the class whom they reach than the medical journals.

As for the suggestion of a medical journal, to be owned and conducted by each society, while this will doubtless be found feasible in the case of the Am. Med. Ass'n, its feasibility in the case of the smaller societies may well be questioned. It was tried unsuccessfully in Maryland in 1839 to 1842, and we are not aware that any of the State societies at present have such a journal.

The dignity, usefulness and influence of a society are undoubtedly promoted by having a volume of Transactions. Many a languishing society has been built up and strengthened by this means—indeed it is not going too far to say that the very existence and identity of an organization may depend upon it.

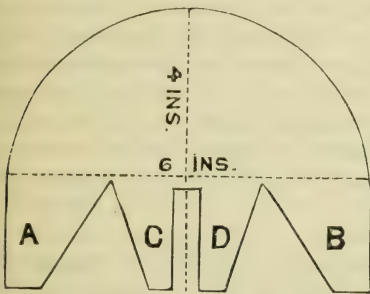
If we have not unduly estimated the force of the above considerations, we think that we have demonstrated

the wisdom and policy of retaining the "Transactions" as they are. If so, the duty of supporting and contributing to it by the members follows as a natural sequence. A feeling of local as well as professional pride should stimulate them to have the highest standard of excellence possible under the circumstances. Too much trashy matter is allowed to go into the Transactions. Papers hastily gotten up within a few days preceding the annual meetings, and devoid of anything original or valuable in the way of suggestion or fact are too often contributed where there ought to be a record of elaborate researches, extending throughout the year or years, into questions pertaining to physiology, therapeutics, surgery, sanitary science, etc. The annual volume should be a storehouse in which are deposited the best fruits of the professional work done during the year, and upon the harvest that we then gather we should be willing and ready to be judged as to our faithfulness in the discharge of the work that is ever waiting for us to do in the medical vineyard.

### MISCELLANY.

ANTISEPTIC TREATMENT OF PULMONARY CONSUMPTION.—In view of the causal relations of bacilli to this disease and the affirmed constant presence of the micro-organisms in the matter expectorated, the use of antiseptics or germicides becomes an essential element of treatment not only with reference to the patient but also to those who may be subjected to the possibility of infection. *Dr. I. Burney Yeo*, physician to King's Col. Hosp., in a Clinical Lecture in the *British Medical Journal*, of July 1st, refers to the beneficial effects of antiseptic inhalations, and proposes a simple and cheap inhaler, the figure of which we have had copied from his lecture. The advantages of such

a method over the spray apparatus are obvious since it permits an almost continuous use of the remedy. This respirator, Dr. Yeo states, costs practically nothing; a dozen can be made for less than a shilling, and with a little instruction anyone can make one in a few minutes. The following is Dr. Y.'s method of making it: Take a piece of paper 6 inches long and 4 inches wide; fold along the middle and cut with a pair of scissors into this form:



Place this on a piece of perforated zinc, which will cost about sixpence a square foot, and with scissors cut out a piece of the zinc of the same size and form as the paper. Now by a little manipulation bring the two outer ends (A and B) together so as to slightly overlap; then fixing these together with a twist of fine wire passed through the holes of the zinc, you get a suitable mouthpiece, or rather nose and mouthpiece, for it is important to cover both nose and mouth. It can be bent to fit comfortably any face. The two middle pieces (C and D) which now stick out behind, can be gradually bent down, first one then the other over it, so as to construct a cage behind the mouthpiece which will hold a small bit of sponge, tow, cotton-wool, or other suitable material for retaining the antiseptic vaporisable fluid. It is desirable to cover the rough end of the mouth and nose piece with some protecting material, it matters not what; he uses tin-foil; a loop of elastic on each side serves to attach it behind

the ears. It may be covered with black silk or other material according to taste, although this is not necessary. This apparatus costs so little that it can be given to hospital and dispensary patients. It is light and comfortable, and patients find no difficulty in sleeping with it on. Dr. Yeo prefers creasote as the antiseptic and says it is rarely necessary to use more than  $\text{m xx}$  of a mixture of equal parts of creasote and sp. chloroform dropped on the sponge and renewed occasionally as it becomes exhausted. It is often desirable to begin with very small quantities (as 5 drops) until the patient gets used to the vapor. Turpentine is a useful addition when there is a profuse secretion or a tendency to hemorrhage. One of the advantages of this inhaler is that being perforated all over, access of air is unimpeded, while the vapor diffuses itself freely into the immediately surrounding atmosphere. Creasote is also given internally by Jaccoud, of Paris, who calls it a "precious medicine" and says it forms a "fundamental part" of his treatment. He gives it in cod-liver oil or glycerine. Lemaire also reports remarkable effects from the internal use of carbolic acid.

HARDAWAY ON VACCINATION.—I doubt if there is a civilized land where less is known of the theory and practice of vaccination than in America.

Most of the instances of so-called scrofula after vaccination are merely examples of eczema excited by the operation in those predisposed to that disease.

Under danger of infection revaccination should be performed even if a few months only have elapsed from the date of the previous inoculation.

I am constrained to agree with Trousseau, who recommends that vaccination be repeated as often as once in five years.

We have recently been put in possession of certain statistics which



show that in experienced hands animal vaccination gives, to say the least, as good a percentage of successes as can be exhibited by vaccination done with ordinary current lymph by equally skilled vaccinators.

Above all the assurance that it is not possible to convey syphilis by means of animal vaccination gives the practice a value which is paramount.

There is neither scientific nor practical evidence that any of the diseases of animal life have ever been inoculated by means of bovine virus.

As a general rule, when the health of the child permits, vaccination should be performed about the age of three months, but under danger of infection no age should be exempt from it.

Scarification is to be preferred to all other methods of vaccinating.

A vaccinator will have done but half his duty who fails to have his patient return on at least the day week from the day of vaccination.

Vaccination performed any time within the first three days (after exposure) will reach areola soon enough to produce its protective power.

In quite a number of observations, I do not remember to have seen the slightest influence exerted upon the variola (already developed) by the vaccine inoculation.

If vaccinia and variola are identical in nature, as I believe they are, such practice would be highly unscientific.

**DELIVERY OF PLACENTA DELAYED BY SACCULATED CERVIX.**—*Dr. D. Berry Hart* (*Edinb. Med. Journ.*, June) reports the case of a hydrocephalic child presenting by the breech, in which the delivery of the head was retarded by its size. The fundus uteri was high up just beneath the costal margins of the right ribs; the head arrested at the brim. Perforation below the ear lying posteriorly was easily accomplished and delivery effected after the gush of intra-cranial fluid. The placenta did not come

away. The uterus was flattened antero-posteriorly, and projected a little above the brim feeling just as it does immediately after the expulsion of the after-birth. Passing his fingers within the flaccid cervix, he traced the cord towards the left into a flaccid bag in which the placenta was lying loose and from which it was removed with ease. Exploration showed this cavity to be cervical and to have very thin walls. The explanation of this state of things by Dr. H. was that the obliquity of the uterus had caused pulling up of the cervix more on the left side and had driven the enlarged head against it so as to cause distension bordering on rupture. After birth of the head, a large, flaccid cavity remained into which the placenta was forced.

**UNSUCCESSFUL STRETCHING OF MEDIAN AND ULNAR NERVES FOR TETANUS.**—This operation, it will be remembered, was performed in Baltimore during the summer of 1881 by Prof. Tiffany, but without success. Nerve-stretching has been done, however, with favorable result a number of times. Three and a half years ago *Dr. Ransohoff*, of Cincinnati, reported a case of tetanus (the fourth of six successful cases) relieved by nerve-stretching; and statistics show some 20 to 25 per cent. even without other treatment. In the following case (reported in *Cin. Lancet and Clinic*, Sept. 16th), death was not averted. July 4th a boy, æt. 14, shot himself in the palm with a toy pistol. The part suppurated and was poulticed. July 12th soreness of the throat was complained of and marked symptoms of tetanus—opisthotonos and convulsions—were present. After three days, no relief appearing from hourly doses of chloral and bromide, ten grains each, and the convulsions becoming more frequent, the median and ulnar nerves were stretched. The patient slept one hour and had no convul-

sions for eight hours. For six or eight hours he was very comfortable and fluid nourishment could be taken; but the convulsions then returned most violently. Hypodermic injections of morphia produced only the most transient relief. His strength began to fail and he died about the fourth day, the temperature being  $107^{\circ}$ .

#### THE CASE OF RUPTURED SPLEEN DURING CHLOROFORM ANÆSTHESIA.—

*Dr. E. R. Walker*, Post-Mortem Physician to the Coroner, furnishes us the following notes of the autopsy of Dr. Coates' case (MD. MED. JOURN., Sept. 1, 1882), which are published as completing the history of this most interesting case: Geo. Disney, æt. 49, 53 Cooksey Street, Aug. 16th, 1882. Post-mortem at  $3\frac{1}{2}$  P. M., 22 hours after death. Body (which had been on ice) was muscular. Post-mortem congestion on back and limbs considerable. Bloody froth and serum exuding from nose. In stripping scalp p. m. congestion at back of head considerable. Calvarium removed. Dura mater separated with some difficulty from the brain. Glandulæ Pacchioni numerous. Arachnoid opaque over posterior lobes of brain. No recent lymph. Meshes of pia mater somewhat distended with serum. Brain normal save somewhat congested at base. Arteries at base felt granular. On opening chest lungs at first expanded, but after a little collapsing; normal save hypostatic congestion. Heart large. Right ventricle flaccid and somewhat large, comparatively; entirely empty. Left ventricle not firm; also empty. Valves perfect. Liver normal in size, slightly yellow and granular; also showing signs of connective tissue proliferation. Kidneys healthy in color and size. Site of spleen occupied by fluid grumous blood, about  $1\frac{1}{2}$  pints in quantity. No signs whatever of pus. Remains

of organ removed for examination. Nothing else abnormal. *Dr. Walker saw no evidences of pus or of abscess of the spleen.* He believes death to have been due to hemorrhage.

TREATMENT OF CEREBRO-SPINAL MENINGITIS.—*Prof. H. C. Wood*, in a clinical lecture in the *Med. Gaz.*, sums up as follows: During the first three or four days in the strong and robust, leeches or cups may be applied to the temples or nape and upper part of the spine. Ice-bags are applied to the head and back of neck for the first days—in many for a week. To relieve headache, restlessness and delirium bromide of potash is the best agent, gr. 20 to 30 every three hours. Its efficacy is increased by adding chloral (ten grain doses usually) or in those who cannot take chloral, tinct. hyoscyami (drachm doses). It is advantageous to add also tincture of castor (drachm doses) in the hysterically inclined. If possible don't use opium, but sometimes it becomes necessary, as the remedies already named occasionally fail. The temperature is not apt to run over  $104^{\circ}$  (a very harmless height) in adults except at the close, and quinine is not indicated; moreover, it has no effect in lowering the temperature in this particular disease. The best way to lower temperature, if this be an object, is by cold affusions, cold and tepid baths, or the cold pack.

TRANSPLANTATION OF MUSCLE FROM THE DOG TO MAN.—After the removal of a large fibro-sarcoma from the biceps of a woman, æt. 36, Helferich filled the gap with a freshly-cut piece of muscle from a dog, fastening it with 6 lower and 30 upper catgut ligatures. Cure followed antiseptic dressing. The patient can readily flex and extend the arm. Electrical examination by Ziemssen showed no abnormality and the transplanted



muscle seems to have retained its vital functions.—*Berl. Klin. Woch.*, No. 26, and *Cin. Lanc. and Clinic.*

**DRAINAGE IN GUNSHOT WOUNDS.**—*Dr. Hugh M. Taylor*, of Richmond (*Med. News*), made a report upon the above subject, the conclusions of which were as follows: 1. Union by primary adhesion is exceedingly exceptional in gunshot wounds; 2. Suppuration, granulation and cicatrization are invariably combined in the process of repair; 3. Extensive accumulations and burrowing of pus in a deep, narrow bullet track, are to be expected and feared; 4. The deep, narrow, angular and frequently obliterated track does not afford perfect drainage; 5. In such cases the principles of surgery applicable to other deep-seated suppurations must be applied; 6. Position, incision, dilatation, drainage-tubes, and the other means mentioned, are of great importance in treating the consequences of gunshot wounds; 7. By nature's efforts, analogy and reason, we are taught to think that their more frequent use will lead to better results in this class of injuries; 8. The danger incident to their use is far outweighed by the benefit which accrues.

**THE OBSTETRIC FORCEPS.**—*Dr. J. H. McCollom*, in *Bost. Med. and Surg. Journ.*, Sept. 21st, from a study of 25 cases, in 13 of which the forceps were used, draws the following conclusions:

1. The convalescence in the forceps cases was not any longer, if as long, as in the natural ones.

2. There was no great injury to the soft parts of the mother. The most extensive rents in the peritonæum were in the unassisted labors.

3. Except in one instance there was no injury to the child and this was so slight as hardly to deserve mention.

**CONVALLARINE.**—*Prof. Germain See* has brought to the notice of the Acad-

emy of Medicine a new substance which promises to be of great therapeutic value. It is an alkaloid extracted from the *convallaria majalis* or the *lily of the valley*. This new alkaloid has been discovered by *Dr. Hardy*, an eminent chemist who also discovered the alkaloid from the *jaborandi*, to which he gave the name of "pilocarpine." Convallarine, the name of the new substance, has been experimented with by *Prof. Sée* at the *Hôtel Dieu*, in conjunction with *Dr. Hardy*, of which hospital the latter is *chef du laboratoire*. Its therapeutic action is compared with that of digitalis, for which it may be with advantage substituted, as it has none of the inconveniences attributed to digitalis. *Dr. H.* was led to make researches with this plant from the fact of its being generally used by the peasants in Russia, who employ the herb in dropsies, and in all cases requiring increased diuresis. According to *Prof. Sée*, the convallarine is a powerful diuretic, and it has a marked influence on the contraction of the heart, which it regulates, while it lowers the pulse in a remarkable manner.—*Lancet*, and *Practitioner*.

**INTERNAL URETHROTOMY IN STRICTURE.**—From nearly 300 measurements with bulbous sounds and urethrametre, *Dr. C. F. Bevan* (*Medical Chronicle*) believes the estimate of *Otis* in regard to the calibre of the urethra is well founded. In no instance has he found it to be less than 26 F., and in one case it was 47 F., the average being about 30 F. 18 E. He believes in the relationship between the size of the urethra and the organ itself, and considers it a valuable working rule. He urges the importance of recognizing and treating strictures of large calibre (beyond 8 or 10 E.) as troublesome reflex irritations and gleet may depend upon them, and in time they become so small that retention of

urine, extravasation, cystitis and structural renal changes result. Of his 446 strictures (200 cases) 399 or 89 p. c. were located in the anterior  $4\frac{1}{4}$  inches, while the remaining 47 were located between  $4\frac{1}{4}$  and  $7\frac{1}{4}$  inches. He considers it very doubtful whether stricture is ever thoroughly cured by any other treatment than cutting. Of his cases he has had an opportunity to reexamine only 57 at periods of from 4 months to 3 years; of those in 2 only had recontraction occurred. Many of the cases being in out door dispensary practice it is fairly presumable that prolonged absence indicates radical cure in a large number of them. He considers quinine and morphia of great service in warding off the chill of urethral fever although not infallible. He has seen no evidence of greater danger and liability to accidents in operations on the deep urethra and treats his cases without regard to location.

**MENSTRUATION AND CONCEPTION AFTER DOUBLE OVARIOTOMY.**—*Dr. Gregory* reported to the St. Louis Obstet. and Gynecol. Soc. a case, in which he removed both ovaries in a young woman who recovered and has menstruated uninterruptedly and normally to the present time, a period of eighteen months. *Dr. Boislaniere* thought such cases explicable by some remnant of the ovarian tissue being left within the pelvis, or by the presence of a rudimentary ovary which is sometimes found to the number of three or four. After removing both ovaries a patient of Weinlieher menstruated  $8\frac{1}{2}$  years regularly, at which time a tumor presented below the umbilicus which offered all the characters of an ovarian cyst, and this diagnosis was proved to be correct upon performing abdominal section and removal. There was a rudimentary left ovary. And S. Hoegh performed a double ovariectomy in 1874, yet notwithstanding the patient married and a year afterwards was delivered of a child prematurely born. Insemination and conception is possible through the duct of

Gärtner, even with unruptured hymen, complete atresia of cervix, and removal of both Fallopian tubes. *Dr. Maugh's* said that as a rule a part of the ovaries is left after the ovariectomy.

**FATAL TETANUS FROM LAMINARIA TENTS.**—*Dr. R. B. Davy* reports the following case in the *Obstet. Gazette* of June: A lady, æt. 45, the mother of six children, the oldest being 10 years, of nervous temperament, had suffered for about four years from profuse metrorrhagia (due, as shown by examination after dilatation with sponge tents, to fungous growths of the endometrium) for which she had received temporary relief by the use of the dull wire curette and injections of carbolic acid and glycerine. Repeatedly, however, the trouble returned, reducing her to a very low condition. Almost every known constitutional remedy was tried in vain. The organ was strongly anteflexed, the ora and cervical canal normal, and the former patulous to the extent of  $\frac{1}{2}$  inch. A mucous polyp being suspected, four small laminaria tents were pushed into the uterine canal one after the other and without the least force. In the evening she had severe pain and several chills. The tents were removed after 22 hours, when the cavity was found covered with fungoid growths, about one ounce of which was removed with the curette. Nitric acid was applied as far as the internal os, it being impossible to reach the uterine cavity owing to not having a forceps of sufficient curve at hand. A warm vaginal douche was ordered twice daily. Bleeding ceased but on the 4th day uneasy sensations about the throat were experienced developing into unmistakable tetanus by the following day which resulted fatally by exhaustion about 7 days after the use of the tents, notwithstanding free use of appropriate remedies.

WHEN no apparent cause for a child's dulness of action is known to exist, let there be made a thorough investigation into the condition of the acoustic organs before necessarily regarding it as a dunce or feeble-minded. —*Sexton*.



DR. MORELL MACKENZIE.—On Tuesday evening, Oct. 3rd., a reception was given to this distinguished laryngologist now on a visit to this country, by Dr. John N. Mackenzie, at 201 N. Charles St. About sixty medical gentlemen were present. On the following day, at 1 P. M., Dr. M., by invitation, delivered a lecture before the medical class, at the University of Maryland, upon Tuberculous Laryngitis (an abstract of Dr. M.'s remarks will appear in the next number of this journal). In the afternoon of the same day he was entertained at lunch at the country residence of Prof. Frank Donaldson, a number of physicians from the city and county being present.

SOCIETY BULLETIN.—*Clin. Soc. of Md.* will meet Friday, Oct. 6th, at 8 P. M.; annual meeting and election of officers.—*Med. Ass'n* will meet Monday, Oct. 9th, at 8.30 P. M.; Dr. Conrad on "Psychological Aspect of Suicide," Oct. 23rd, Dr. Erich.—*Acad. of Med.* will meet Tuesday, Oct. 17th, at 8.30 P. M.—*Obstet. and Gynecol. Section, M. and C. F. of Md.* will meet Friday, Oct. 27th, at 8.45 P. M.—*Med. and Surg. Soc.* meets every Wednesday at 8.30 P. M.

### MEDICAL ITEMS.

THE Out Patient Department of the Balto. Eye, Ear and Throat Charity Hospital was inaugurated on the 18th ult. at the hospital building, No. 186 Franklin Street near Pearl.—Cohen speaks of a girls' school that was broken up by an irritative cough which prevailed so generally among the pupils as to entirely interrupt the proceedings.—Inhale a few whiffs of ether, and we cross over into the unknown world of death, with a return ticket; or we prefer chloroform and perhaps get no return ticket.—*Holmes*.—The Am. Public Health Ass'n will meet in Indianapolis, Oct. 17th to 20th.—A steam velocipede has been invented by Sir Thomas Parkyns. It is a tricycle.—Dr. Frank P. Foster, the editor of the *New York Medical*

*Journal and Obstet. Rev.*, has been elected Secretary of the Amer. Gynecological Society, vice Jas. R. Chadwick resigned. Dr. Gilman Kimball, of Lowell, was elected President.—Dr. W. C. Reiter (Squibb's *Ephemeris*) recommends common burdock weed as having a wonderful control over psoriasis inveterata. Of a tincture— $\frac{3}{4}$ ii crushed seeds to Oj whiskey— $\frac{3}{4}$ ss doses well diluted thrice daily after meals.—An anti-vaccination society has been organized at Hartford, Connecticut.—Dr. C. J. McGuire, of New York, claims to have discovered a specific for cancer oris in the local application of bismuth.—Squibb says a garlicky odor of the breath of those taking bismuth can be noticed in about one in ten cases. It is not due to arsenic or tellurium and the cause is unknown.—A girl recently died in Chicago upon whom abortion had been attempted by a midwife, although the autopsy showed she had never been pregnant.—It is incorrect to call the "solution of subsulphate of iron" (Monsell's) the "solution of persulphate of iron," as is so often done.—According to Squibb the citrate of iron and quinia should be given in pill or powder, its disagreeable taste being thus avoided.—From Jan. 1 to June 15, \$14,555 have been spent by the City Health Department on account of small-pox.—What has become of the committee appointed to incorporate the Academy of Medicine?—Dr. W. T. Councilman, late assistant to Prof. Chiari, of Vienna, offers his services to the profession of Baltimore as Pathologist. His address is 126 W. Biddle Street.—Baltimore has been recently visited by three distinguished Englishmen: Herbert Spencer, Dr. Wm. B. Carpenter and Dr. Morell Mackenzie.—Drs. J. W. Holland and H. A. Cottell have resigned the editorial management of the *Louisville Medical News* and are succeeded by Drs. Lunsford P. Yandell and L. S. McMurty.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

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WHOLE No. 96.

BALTIMORE, OCTOBER 15, 1882.

VOL. IX, No. 12.

## ORIGINAL COMMUNICATIONS.

### INTRODUCTORY LECTURES.

ABSTRACT OF INTRODUCTORY LECTURE DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS OF BALTIMORE, SEPT. 30TH, 1882.

BY CHARLES F. BEVAN, M. D.,

Professor of Anatomy and Genito-Urinary Surgery.

After some general preliminary remarks the lecturer congratulated the students upon the choice of the profession they had made. Whilst its demands are exacting, it also compensates those who pursue it in various ways. The life of study upon which they were about to enter cannot be finished—they must always expect to be students. More than two thousands years have elapsed since the "Physician of Cos" separated medicine from speculative philosophy and gave it a scientific basis. In that long interval a hundred generations of practitioners have come and gone, but the art of medicine, surviving the unceasing change of men and manners, has grown in magnitude and grandeur with the lapse of years. Individual lives are short and one generation follows another in quick succession, but medicine remains perennial in its youth. The pupil soon

becomes the practitioner and must bear his share of the duty of elevating and advancing the cause of medical science.

There is both a scientific and a practical aspect to medicine. The medical profession presents two classes of workers: one, small in numbers, is engaged in solving questions relating to health and disease—to the causes which induce deviations from the former, and the agents by which the latter may be controlled. Special qualifications of intellect and training are required by this class. They must be well acquainted with the allied sciences; they must have made special study not only of the various branches of medicine now taught, but of biology, botany, chemistry, etc. They must possess the faculty of original research. Many carefully performed experiments have already been made by this class, by which previous errors have been corrected and truths of the highest importance have been established. Few can hope to attain to this class. The second class deal with the more practical part of medicine and are much more numerous. Many may contribute carefully observed and faithfully reported cases which are capable of pointing out the direction towards which thought and experiment should be turned or of corroborating facts and principles already



accepted. Such work is invaluable. Again we find the great bulk of the profession devoting their lives to routine duty. They are to be found in every station of life, ministering to the calls of suffering and duty. Their practice is limited by no artificial divisions of the human body, but they are ever ready to combat disease no matter when or where it appears. The intelligent general practitioner is not confined to the cities and large towns but is to be found on the frontiers of civilization as well. In order to attain the respect and honor accorded to such men it would be necessary to lay the foundation now. During your two years of student life endeavor to acquire studious habits and to lay the foundations of a medical education which may be built up in after life. The task upon which you have entered may appear well-nigh overwhelming when you contemplate the amount and difficulties of the work to be accomplished and the limited time allowed to it. It is better to have a due appreciation of the undertaking upon which one has entered than to underestimate its requirements, for should the burden prove less oppressive than was expected the mind is encouraged to persevere; whereas the opposite is a source of discouragement. Although brief, the time which you will devote to your medical education is still sufficient if properly utilized. Others, it must be remembered, have trodden the same paths and have overcome the same difficulties as you are now about to encounter. But remember there are no hours to waste, no opportunities to be neglected.

Seek to do everything with thoroughness, and to get clear conceptions of things. Strive to get at the truth rather than to post yourself as to questions that may be propounded at your examinations. Each department of your studies has a connection with every other and is capable of aiding your efforts in other departments. The study of the osseous system renders easier that of the muscular, vascular and nervous systems. Anatomy will lead naturally to the investigation of physiology, and this will throw great light upon your comprehension of medicine and pathology.

Try to think out for yourself the reason of things. Adopt a logical and associative method of study and try to discover causes and effects. The student who taxes his memory with the position and direction of a groove, foramen, or canal upon a bone without taking the trouble to know the reason for such a circumstance, will not only have burdened his memory needlessly but will have lost an opportunity of connecting facts naturally related so as to aid the memorizing of the whole. Never deem your reasoning superfluous merely because you are students.

Students must be collectors of facts. Observation is the basis of experience, the best teacher. Experience is a thing of gradual growth. Many an old physician at times recalls with profit cases seen at the commencement of his career, perhaps before his knowledge was sufficient to enable him to properly understand them, but which increased knowledge and riper judgment interpret for him. As you advance in your professional life your clinical experience will grow more and more. If you should acquire any knowledge that may be of value to others you should put it upon record, otherwise it might be lost by your death. It is by the accumulation of contributions from many sources and many minds, during the last two or three centuries, that the modern art of medicine has grown. Future progress is to be expected mainly from this source, and it will be your duty to contribute to it according to your opportunity and ability.

The lecturer here cautioned them against the evils of specialism. These are not limited to physicians but have their influence also during student life. He insisted that the specialist should be a gradual development from the general practitioner. He should previously have made a thorough study of the whole science of medicine and should recognize the relations that exist between the parts and the whole and their interdependence. Thus only will he be competent to meet successfully complications and intercurrent affections as they arise. The public recognize the evils that may result from the cultivation of one department whilst

ignoring the others, and the following anecdote was related in illustration: A patient of Dr. Latham, an English physician, distinguished for his contributions to the subject of diseases of the throat, heart and lungs, on recovering from some pulmonary affection, said to him: "I feel that as regards my *lungs* I am quite well, and now I think of going to consult Dr. Watson about my general health." Said Dr. L.: "Yes, I see; in your estimation Dr. Watson is an architect, and me, I suppose, you look upon as a bell-hanger!"

The specialism against which the student has especially to guard consists in the preference given to subjects upon the knowledge of which he believes his successful graduation depends. From the beginning to the close of his student-life his aims seem centered in the acquisition of his diploma. His ambition is to be able to answer certain set questions, and in order to do this he neglects other subjects of equal or greater importance. This is an *error* which may become a *crime* in his relations to the community. No training based upon such principles can be efficient or thorough. It was not claimed that the student should be thoroughly acquainted with chemistry, biology, anatomy, surgery or practice, because this is the labor of a lifetime. But it is desirable that he should be able to read intelligently and consult, when occasion demands, works of a scientific character, and that he should be well grounded in the great principles of his profession. He should learn to think, and to acquire wisdom rather than knowledge, bearing in mind the Cowperian definition:

"Knowledge dwells

In minds replete with thoughts of other men;  
Wisdom in those attentive to their own.  
Knowledge—a rude unprofitable mass,  
The mere materials with which wisdom builds,  
Till smooth'd and squared and fitted to its place—  
Does but encumber whom it seems to enrich.  
Knowledge is *proud* that he has learned so much;  
Wisdom is *humble* that he knows no more."

No one can contemplate the responsibilities of the student's life—as they concern himself, his friends or his fellow men—without feelings of anxiety which are not lessened by the reflection that he is often for the first time exposed to the perils of a great city. The evil in-

fluences then implanted may cloud and blast a life of the richest promise. The best safeguard against these dangers, next to those principles derived from judicious home and school training, is to be found in close and persevering application to the work that is before you. In conclusion the lecturer quoted some passages from an introductory lecture of Sir Thomas Watson upon the dignity, duty and responsibilities of the medical profession.

#### ABSTRACT OF AN ADDRESS ON THE MEDICAL EDUCATION OF WOMEN, DELIVERED AT THE OPENING OF THE FIRST COURSE OF LECTURES OF THE WOMAN'S MEDICAL COLLEGE OF BALTIMORE.

BY T. A. ASHBY, M. D.,

Professor of Obstetrics.

(*Specialy reported for Md. Med. Journal*).

After a few introductory remarks, the speaker began by stating that for the first time in the history of Baltimore the novel spectacle was witnessed of a class of women assembled for the purpose of pursuing a medical education in a medical college established for the exclusive education of women in the science and art of medicine. A decade ago an institution established for a work of this character would have incurred the risk of hopeless failure in the very beginning of the undertaking. Public opinion and prejudice were then sufficient to blight an idea which sought to liberate woman from the social fetters which for centuries have denied her a liberal scientific education. To-day this idea is tolerated by reason of a liberal and enlarged public sentiment in favor of female medical education.

Less than nine months ago four gentlemen conceived the idea of establishing a woman's medical college in Baltimore. By gradual accessions a Faculty was organized, and a college building, with the necessary fa-



cilities for instructing students, was secured. An announcement was sent forth and bid was made for patronage. The faces present to-day answered in response to this invitation.

In establishing a woman's medical college in Baltimore three facts were prominently in view: First, it was believed that woman was entitled, by virtue of her intelligence, nature and characteristics, to the advantages of a liberal scientific education; second, it was believed that woman should have every opportunity to enter into competition with the male sex in medical training and the right to establish her ability to perform the duties and functions of a practitioner of medicine; third, it was held that the City of Baltimore, by reason of her geographical position, climate, social habits, educational, clinical and hospital advantages, was peculiarly adapted to the growth and success of a college devoted exclusively to the medical education of women.

The idea of educating women for the profession of medicine has for some years past found support in the East, North and West. In these sections women have received liberal education in medicine, and have gained liberal patronage and encouragement as practitioners. First among the cities of the South in wealth, population and influence, it was proper that Baltimore should take the lead in offering to women the same educational advantages to be received in Boston, New York, Philadelphia and Chicago.

It requires no prophetic vision to trace the onward progress of the idea of woman's just title to admission to the ranks of the medical profession. During the earliest period of the world's history the first duties of attending to the sick were assigned to woman. She presided over childbirth and performed the necessary attentions to her sex. History records instances of successful practice by women long prior to the time when

scientific thought and precision had molded a rational system of medicine. To woman mythology ascribes the duty of watching over the health of mankind, of presiding over maternity and hastening delivery. The names of Juno Lucina, Hygieia and Ocyroe are distinguished by virtue of their skill and learning in medicine. Homer makes mention of female practitioners, and pays tribute to their skill and learning. In early Greece female physicians were celebrated for their knowledge and medical writings. The names of Olympias of Thebes, Phænarete, the mother of the immortal Socrates, and Agnodice, and Aspasia, of whom Aëtius makes mention, are familiar to historians by virtue of their practice and medical writings. Later on Cleopatra is quoted and respected by Paulus Aëgineta for her writings and contributions to medical literature. In Arabia females were early assigned the department of obstetrics, the Mohammedan law prohibiting the attendance of males upon females. The great school of Salerno, which flourished between the 11th and 13th centuries, admitted female students, and several women became widely known as teachers. Among others, one Trotula, by name, published a treatise in the 13th century, in which she mentions the fact that many Saracenic women practiced obstetrics at Salerno. In the 17th and 18th centuries women were graduated in medicine in the universities of Italy, and several female physicians held chairs in these schools.\* One La Dottressa Laura Bassi, a graduate of the University of Bologna, filled the Chair of Natural Philosophy in that school, and one Anna Morandi Mazzolina, distinguished for her knowledge of anatomy, delivered her husband's lectures

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\* "The Study and Practice of Medicine by Women." By J. R. Chadwick, M. D., of Boston, Mass. 1879. The author of this paper is indebted to this valuable essay of Dr. Chadwick for many important facts.

from behind a curtain, and after his death filled his chair at Bologna until her death in 1774. Maria della Donne, another distinguished graduate at Bologna, in 1806, was appointed to the Chair of Midwifery in that university by the First Consul of France.

Other names equally distinguished for knowledge and skill in medicine may be found among the women of the various continental countries of Europe. History records no more brilliant achievements by woman than the labors and investigations of the celebrated Madame La Chapelle and Madame Boivin, of France. These two women stand pre-eminent among the most renowned accoucheurs of their generation. Each has left upon record writings and observations which serve to this day as material for statistical study and practical instruction at the bedside. Whilst their contributions to obstetrical science have made for them imperishable reputations, they were not exclusively practitioners of this art, but were skilled in general medicine and possessed a wide range of medical knowledge. No more appropriate examples can be selected to illustrate woman's capacity and fitness for scientific work than are offered by the lives and labors of these two distinguished authorities.

In France the midwives have long been allotted that portion of the work in medicine which relates to the special duties to the lying-in woman. In England a few midwives have attained distinction in obstetrical science and have found employment in the highest class of society. In America the midwife occupies a useful position towards society, and presides as chief or assistant accoucheur in the vast majority of deliveries. It is stated, upon the authority of a Western medical journal, that in a large and wealthy Western city fully 90 per cent. of the women are delivered by midwives. This estimate may

be in excess of actual statistics, but these facts go to show that a proper delicacy and sentiment among women call for the presence and services of their own sex in the trying hours of childbirth, and make it peculiarly appropriate that this department of practice at least should, in great measure, be assigned to intelligent, educated and trained women.

Up to the present time but few of the many women who act as midwives have received intelligent training. For the most part they select their avocation without any peculiar fitness for the duties required of them, being guided by hap-hazard chances of fortune and the necessity of employment. When this fact is considered it is easy to account for the accidents and mishaps which so commonly befall the lying-in woman, the life-long misery which may be entailed upon mother and child by the ignorant services of her attendant during a period when scientific knowledge and skill are eminently called for.

It will be generally admitted that there is need for educated, trained women to perform these duties for womankind. The physician of large general practice must frequently experience the want of trained assistants, and too frequently is brought to face the results of faulty practice in midwifery. It is now time for a radical change in the system of practice by women. As Dr. Chadwick so well remarks, "it is no longer—shall women be allowed to practice medicine? They are practicing it; not by ones or twos but by hundreds, and the only problem now is, shall we give them the opportunity for studying medicine before they avail themselves of the already acquired right of practicing it?" The facts here so clearly stated are gaining general recognition by the most intelligent and liberal minds in the medical profession.

It is interesting to trace the prog-



ress of the idea of female education in medicine. It has been noted how women in past ages of the world's history were engaged in practice and in exceptional instances achieved distinction as medical workers. For a long period of time woman undoubtedly performed the major part of the duties required by the sick. Finally these duties were assumed by man, who in course of time developed a rational and scientific system of practice. The strongest argument used against the admission of woman to the medical profession is based upon the fact that during this long period when the science and practice of midwifery were almost exclusively in the hands of women, that branch made no advance in rational and exact knowledge. It is claimed that woman thus demonstrated her incapacity to formulate a system based upon clinical observation and experience. In justice to woman this argument may be answered by a statement of the fact that the circumstances controlling her position in society, her mode of life, and the conditions under which she was trained, combined to bring about this result. In former times, as is so often the case now, women were not trained to reason by educational systems, but received their knowledge from ignorant instructors or from personal experience acquired by rough and careless methods of observation.

Another argument against the admission of woman to the medical profession is based upon the assertion that woman is by nature more excitable, impulsive and physically weaker than man, and that in those qualities which go to give success in practical medicine, such as sound judgment, strong nerve and bold determination, she is for the most part deficient.

Man's superiority over woman in the qualities last mentioned will be generally admitted, but there are ex-

ceptions to this statement, and it is not uncommon to find in woman the strongest characteristics—will, endurance, calmness under trial, strong judgment and a practical intuition, all of which would give a substantial value to her services in the sick chamber. The patience, gentleness and sympathetic nature of woman have conquered for her a position in the sick chamber both honorable and useful. Whether in the capacity of an attendant or nurse, or serving under the instincts of love and affection, the ministrations of woman are regarded as both tender and appropriate.

The sick-room offers an appropriate field for the action of woman's truest instincts, and when to those qualities which exalt her sex are added a scientific training and a knowledge of the art of healing disease, it would seem, theoretically at least, that woman's character had reached a high degree of usefulness in a medical career.

With those who oppose the idea of a female medical education the opinion exists that a medical career is degrading to woman, that it hardens and roughens her character, and promotes sentiments which may seek expression in views at variance with our present civilization. The idea is twisted to represent a general encroachment upon man's privileges and an advance in favor of female suffrage and equal political rights. With woman the opposition to this movement in favor of educational privileges for her sex is expressed in different language. The female idea is that woman is unsexed by a life of thought and action; that she is trained to experiences which a refined and womanly instinct should escape.

It will be generally admitted that the arguments as related against the medical education of woman are overdrawn in statement and biased in judgment. So far as relates to woman's fitness for the duties of a medical

practitioner it is but fair that she should be allowed to demonstrate this fact.

Grant her equal opportunities for cultivation and training, and then let her show her skill and capacity in this field of labor.

The sentiment that woman is unsexed or robbed of her womanly characteristics is vested of all reality and show of authority if that view of life is considered, which teaches that

Honor and shame from no condition rise,  
Act well your part; there's where the honor lies."

Having briefly pointed out the grounds of opposition to female medical education, attention is next invited to a consideration of the growth of public opinion in its favor.

The first effort upon the part of woman to obtain a medical diploma was made in the United States. In the year 1848 Miss Elizabeth Blackwell attended a full course of lectures at the Geneva Medical College, New York, and after an attendance upon a second course graduated in 1849. She was the first woman to receive a medical degree in the United States. She had previously sought admission to a number of medical schools but had been denied the privilege. So strongly was the general sentiment of the medical profession opposed to granting educational privileges to women that several years later a Miss Adamson was unable to obtain admission to the Geneva College, this school being forced to close its doors, and no other medical college of the country was willing to admit her as a candidate for a diploma. She was forced to enter an eclectic college at Syracuse, N. Y., where she graduated in 1851. A Miss Emily Blackwell soon after this was admitted as a student to the Rush Medical College of Chicago to attend one course of lectures, but was denied a second course on account of a vote of censure passed by the State Medical Society of Illinois. She finally took a degree

from the Cleveland Medical College in 1854. During the year 1857 the New York Infirmary for Women and Children was organized by Dr. Elizabeth Blackwell, Dr. Mary E. Zakrzewska and Dr. Emily Blackwell as attending physicians. This was the only hospital in America open to women. These ladies instructed small classes of female students and laid the foundation for the Woman's Medical College of the New York Infirmary, which was chartered in 1865. The Board of Examiners and Faculty of this school was composed of eminent physicians, among whom were such well known gentlemen as Drs. Williard Parker, Austin Flint and Isaac E. Taylor. The first class of five women graduated in 1870. This college has grown annually in the number of its students and in its influence. It is now among the first institutions of its character in the world.

During the year 1850 the Female Medical College of Philadelphia opened its doors to a class of women. A hospital was established in connection with the college in 1861. This hospital has now a large endowment. The students of this college are also admitted to the Philadelphia Hospital, Ophthalmic Hospital, to the medical and surgical wards of the Pennsylvania Hospital and to other medical institutions in the city. In 1877 this college numbered 276 alumni.

In the year 1865 the Chicago Hospital for Women and Children was opened. In connection with this institution the Woman's Hospital Medical College was organized in 1870 with Dr. W. H. Byford as President of the Faculty and Professor of the Clinical Surgery of Women. This school requires three years study and attendance upon two full courses of lectures. Its classes number annually from 20 to 35 students.

To the Medical Department of the University of Michigan women have



been admitted since 1871. Over one hundred women have graduated from this school. The Syracuse University of New York, which was incorporated in 1870, admits students without regard to sex. The female graduates have been very few, being three in 1875, three in 1876 and none in 1879. Mixed classes have not met with success at this school.

The University of California, which opened for instruction in 1869, admits women on an equality with men.

To Massachusetts Dr. Chadwick assigns the credit of establishing the first female medical school in the world. This institution, named the Female Medical Educational Society, was organized in Boston in 1848 and incorporated in 1850. It began with a class of 12 students. In 1874 this institution was merged into the School of Medicine of Boston University and is now under the control of homœopaths.

Various attempts have been made from time to time upon the part of women to obtain admission to Harvard University, but up to the present date this school has kept its doors closed, though the effort to do so has involved much discussion and divided opinions among its Faculty. "The question of admission of women to the Harvard Medical School," says Dr. Chadwick, "is not regarded in academic circles as definitely settled, but will probably be left in abeyance until some public-spirited individual revives it by the offer of such a sum of money as will silence all opposition on this score."

The catalogues of the female medical schools here mentioned show an annual gain in number of students and graduates, a wide improvement in the facilities for instruction and clinical study, and a zealous effort upon the part of trustees, managers and teachers to advance the interests of their alumni. Among the Faculties of these schools will be found the

names of distinguished and conservative members of the medical profession, not a few of whom hold chairs in influential schools devoted exclusively to the education of males. Women have also qualified themselves for positions as teachers and hold chairs in several of these female medical schools. Female practitioners are in many localities freely met in consultation in general practice. The American Medical Association, several of the State and many local medical societies admit women to membership.

Thus within the space of 34 years the entire current of public and professional opinion has undergone a change with reference to the admission of woman to the ranks of the medical profession. Dr. T. Gaillard Thomas, in speaking of the growth of this movement, says: "Futile would it be to resist the overwhelming 'logic of events' and shut our eyes to the fact that the 'woman movement' has conquered for itself in medicine a position which entitles it to consideration and respect." Again he says: "The opportunity which is now offered to woman for retrieving what has been lost in former ages is certainly all that the most exacting of modern reformers could require."

Whilst to the United States belongs the honor of having established the first medical school in the world for the exclusive education of women, medical degrees were conferred upon women by several universities in Europe as far back as the middle of the 18th and beginning of the 19th centuries. In France the medical schools have always been nominally open to women, though none sought admission until a lady applied to the Faculty of Montpellier in 1866 and was refused. This school since then has opened its doors to women. A Miss Garrett, of England, was the first woman to graduate in Paris, in June, 1870. Dr. Mary Putnam Jacobi, the

distinguished writer and accomplished physician, graduated with honor in 1871. Within the past ten years medical classes of women have increased in France and women are eligible to the post of Internat of the hospitals. In Great Britain, owing to the medical act requiring examination and license from the examining bodies of the kingdom, women have experienced much difficulty in obtaining registration and license to practice. In 1874 the London School of Medicine for Women was opened with a class of 23 students and a strong corps of teachers, among whom were such well-known gentlemen as Dr. Burdon-Sanderson, Dr. Bastian, Mr. Ernest Hart and Prof. Huxley. In 1877 this school was placed on the official list of medical schools recognized by the Irish College of Physicians. Registered female practitioners are now admitted into many of the London hospitals. The opposition to the study and practice of medicine by women is, however, very strong in England. The Royal College of Physicians, the Obstetrical Society of London and the British Medical Association have refused to admit women to membership.

In Germany but few women have sought the privilege of a medical education, yet when asked for, the privilege has generally been granted. Women are admitted to the medical School of Vienna and to the University of Leipsic. The University of Zurich, in Switzerland, opened its doors to women in 1864 and granted a medical diploma for the first time in 1867. In 1872, 63 women were studying medicine at this university. In 1863 this number had increased to 114 women, 88 of whom were medical students and 25 students of philosophy.

In Russia women are granted the privilege of studying and practicing medicine under the same tests applied to males. The Medical Department of the University of Moscow opened

its doors to women in 1871. In 1874-75 there were 171 women studying medicine at the Imperial Academy of Medicine, of which number 102 were of noble birth, 17 belonged to the commercial class, 14 to that of shopkeepers and 12 were clergymen's daughters; 23 were married. In Italy, Denmark and Sweden women are admitted to the State universities upon the same terms as men.

It will appear from the foregoing facts that the question of admitting women to the privileges of a medical career has been practically decided in this country and in the majority of European countries. This social and educational reform has in great measure overcome the prejudice and opposition which for centuries denied to woman a sphere of action in which she seems eminently qualified to excel.

Having traced the growth of the movement in favor of female medical education, it may be pertinent to turn to another view of the question and ask: What influence has the study and practice of medicine had upon woman's relations in life? What success has she had professionally and pecuniarily? What has been the effect of her daily work upon her duties as wife and mother? What has been the result upon her social, physical and moral being?

These questions have been so ably and fully discussed by Dr. Rachel L. Bodley, of Philadelphia, that use is largely made of her excellent address delivered as a valedictory to the 29th graduating class of the Woman's Medical College of Pennsylvania. Dr. Bodley addressed printed questions to the Alumni of her school touching the life-work of a female medical practitioner. From the 276 addressed, 189 responses came. Of this number 166 responded affirmatively to the question: Are you now engaged in active medical practice? Twenty-three responded in the negative. The reasons for the negative response are as fol-



lows: Domestic duties, 8; philanthropic work, 1; ill-health, 6; retired, 3; no reason assigned, 5.

The second question asked by Dr. Bodley related to the predominating character of medical practice. The answers to this question were as follows: Gynecological predominating, 32; obstetrical 10; medical, 10; surgical, 3; general practice without discrimination, 37; gynecological and surgical, 16; obstetrical and medical, 9; surgical and medical, 7.

The third question propounded inquired into the social status of the woman physician in the community in which she dwells. Of 157 answers to this question, 150 report cordial social recognition and 7 report negatively.

The fourth question interrogated the character of work accomplished by the woman physician as resident or visiting physician to medical institutions. In answer to this question, 60 are found prominently identified with or attached to leading hospitals and medical institutions in New York, Philadelphia, Boston and Chicago. Several are consulting and visiting physicians to State asylums and charitable retreats. One is Health Officer to the City of Charlotte, Mich., and another is physician to the State Industrial School at Lancaster, Mass.

The fifth question relates to the monetary value of the medical practice *per annum*. Seventy-six answer this question as follows:

24 report having collected as much as	\$1,000
and less than	2,000
20 report having collected as much as	2,000
and less than	3,000
10 report having collected as much as	2,000
and less than	4,000
5 report having collected as much as	4,000
and less than	5,000
3 report having collected as much as	5,000
and less than	15,000
4 report having collected as much as	15,000
to	20,000
10 report less than	\$1,000.

Seven women are professors in the medical colleges of Philadelphia and

New York, and twice that number are lecturers and instructors.

Sixty-eight reply affirmatively to the question, "Are you a member of a county, state or other local medical society?" Of these 4 reside in California, 1 in Connecticut, 1 in Delaware, 4 in Illinois, 1 in Indiana, 3 in Kansas, 2 in Massachusetts, 5 in Michigan, 2 in Minnesota, 1 in Missouri, 1 in New Hampshire, 16 in New York, 7 in Ohio, 15 in Pennsylvania, 3 in Rhode Island, 2 in Wisconsin. Tennessee reports one, the only Southern State represented.

In answer to the question, "What influence has the study and practice of medicine had upon your domestic relations as wife and mother?" Fifty-two married ladies answered as follows: 45 favorable, 6 not entirely favorable and 1 unfavorable. Three state that the study and practice of medicine have prevented marriage. One writes: "Never married but have found time and means to care for several orphan children." A mother says: "The study of medicine is of great benefit but the practice often interferes with my duty to my family." Another says: "I think if the history of the families of woman physicians were written it would be found that their children are all well cared for, well trained, well educated, all this and the household duties not neglected."

In commenting upon the answers to the questions propounded, Dr. Bodley sums up a number of suggestive facts, several of which are stated here in brief. First, it appears that a small number of deaths have occurred in this small body of hard working women. In 30 years there were 32 deaths out of the 276 alumni. The inference drawn from this small mortality is that woman is physically equal to the duties and life of a hard-worked practitioner. The second fact noted is the small number of women who failed to devote themselves to the practice of medicine

after graduating. "Having obtained her degree, and, in later years her hospital training also, each one," says Dr. Bodley, "has addressed herself to the practice of medicine as a life work; marriage has not interfered with this work as, theoretically, it might be supposed to do." The third fact which arrests attention, relates to woman's zeal, interest and fidelity as a medical practitioner. With that earnest devotion which marks her career in domestic, social and religious life, it appears that the woman physician has been patient, earnest and unwearied in the discharge of her duties to the sick, jealous of her honor and true to the ethics of her profession.

Having traced an outline of the history of female medical education, and a somewhat hasty sketch of the female practitioner, a few observations upon the future status of this question are now in place. This movement in favor of the medical education of women began less than 34 years ago. As late as 1850 the number of female graduates in medicine in the United States could be counted upon the fingers of one hand. It is estimated that over one thousand American women to-day hold a medical degree. Each year the number of students and practitioners increases in progressive ratio. The movement has literally conquered a position in science and society, and as well attempt to stay the progress of the tides as endeavor to arrest a reform which gives to woman a useful sphere of action, a benevolent occupation and an opening to honorable livelihood. In the beginning the effort upon the part of woman to secure a medical education was a trying one. The road which the early female practitioner trod was rugged. There were sentiments, prejudices and opinions presenting formidable barriers to progress. Woman knocked and knocked hard for admission into the ranks of the medical profession. Admission was at first emphatically

denied; it was next partially allowed. Now the doors of admission are open. A medical education is within the reach of any woman who seeks it. A medical practice may be secured by any competent female practitioner. A responsibility at one time rested with those who opposed the idea of admission. This responsibility is now attached to the woman who espouses a scientific career. Woman is now virtually permitted to enter into competition with man in a professional struggle which, under most favorable circumstances, taxes severely physical and mental powers. The ranks of the medical profession are filled if not overcrowded. The struggle for place and support is sharp and contested. Each year the standard of success is being gauged more closely by the standard of acquirement. Ultimate success in professional work hinges upon education, training and experience. The future of this movement in favor of female medical education and practice will turn upon woman's skill, knowledge and adaptability. She must master the science, she must demonstrate her ability to do scientific work. Confidence in any other system than a well grounded preparation and training in scientific medicine will inevitably lead to failure.

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ABSTRACT OF A LECTURE INTRODUCTORY TO THE COURSE OF LECTURES IN THE DENTAL DEPARTMENT OF THE SCHOOL OF MEDICINE OF THE UNIVERSITY OF MARYLAND, SESSION 1882-83.

BY F. J. S. GORGAS, M. D., D. D. S.,

Professor of Principles of Dental Science, Dental Surgery and Dental Mechanism.

(Delivered Oct. 2nd, 1882, and specially reported for *Maryland Medical Journal*).

*Gentlemen:*—In accordance with a custom time-honored in its observance, I appear before you to offer such words of welcome and advice with which it is usual to begin a regular course of study.



And although we this day inaugurate the first winter session of the Dental Department of the University of Maryland, yet, from a previous connection in another institution, we may regard a large number of you as old students, to whom we extend a cordial welcome to the halls of this venerable and respected university.

I sincerely hope that you have so completely reinvigorated your energies that they will in the ensuing term enable you to eclipse the talent and industry you evinced during your first session in a dental school.

I also offer a sincere welcome to those about to enter our profession, and whom we meet in a lecture hall for the first time, confident that in making your selection you have well weighed the responsibilities you thereby incur—responsibilities of such a nature that though they may entail anxious thought and unceasing labor they cannot fail to elevate your minds and characters and point out the road to a successful professional life.

The unprecedented success of our new Department, as evinced by the large number of matriculants already enrolled as dental students, is indeed a matter for congratulation, and should act as an incentive to all of us in our efforts to maintain in the Dental Department, the enviable reputation which the University of Maryland School of Medicine has so long and so justly held.

Education is a labor-saving process. It puts each generation in possession of all the discoveries and improvements of its predecessor, and pours at its feet a treasure of untold value. It is, therefore, our duty to inculcate a high standard of knowledge, and bid Godspeed to progress. But we must guard against enthusiasm which mistakes novelty for value, and overlooking much that is useful and practical, appropriates with eagerness what comes authenticated by a recent alleged discovery, or flatters by a suggestion of exclusiveness in its pursuit. No dental student, however, is the worse for an outlook upon kindred arts and sciences, which will help him to establish the true relations of his own, which will supply him with additional faculties and light for its pursuit, and with that training of his intellectual pow-

ers afforded by a systematic variation in their exercise. For, not until we shall unfold the full capabilities of our science, and prove in ourselves what extent of intellectual culture is essential for the mastery of its difficulties, can we be said to have done our part in removing from dentistry the reproach of her infancy. Still more recreant will we be to the trust imposed on us, if, possessed of science and much learning, we imply by our course of action that anything in the cycle of a dentist's duties is unworthy of our careful attention. The past twenty-five years have done for dentistry what a century could not accomplish for medicine and surgery in their earlier days.

Medicine, when far older than our art, was rife with abuses greater than any dentistry has ever known. Our profession is rapidly redeeming the past, and proving her indisputable right to that high seat among the sciences which she claims in virtue of her noble birth.

Men whose talent and education would adorn any profession, she now numbers by thousands; a comparatively few years since they might have counted by hundreds. The work of dentistry is done with a certainty and success that medicine cannot surpass. She has a literature of her own, and associations and schools have been established which have done much to dispel the darkness of ignorance and shed abroad the light of truth and science. The peculiarities of dentistry rendering necessary separate departments for instruction in the purely dental branches are its specialty and the great importance of manual dexterity. The latter demands a new adjustment of time; the former a new direction of studies.

Gentlemen, wide will be the field of your usefulness, many and difficult your duties, to the mastery of which you must bring talent and industry. We cannot ask of the dental student a longer noviciate than that of the medical student, but will strive to make you as competent to your art as the newly created physician to his.

Neither can do more than lay the ground-work, and give the plan and specifications for the superstructure.

Believe me when I say that the best planned foundation, on which to build a

fair proportioned dental excellence, is to be found in a well ordered, well adjusted and well maintained dental department of a reputable university of medicine. When your speaker entered the dental profession twenty-seven years ago, the highest aim of the most reputable dentists, and especially of those directly interested in dental education, was the recognition of dental science as a department or specialty of medicine.

The organization of a dental, in connection with a medical department, by such an old and reputable university as that of Maryland, would at the time I have referred to, as it has at the present, have elicited the warmest commendations, and been received as an evidence of the appreciation of the dental art, not only by the medical profession, but by the intelligent portion of the public. This desire for recognition had not, during the many years it remained ungratified, become extinct, and every practitioner of dentistry who has the honor of his profession at heart, must welcome such an appreciation of the dental art, and be fully convinced of its importance in elevating the status of dentistry to an equality with the profession of the oculist and the aurist.

Although the subject of dental education had attracted the attention of some of the most talented members of the medical profession for many years, yet, until within a comparatively short time past, they were unwilling to accord to it a rank equal to that of other recognized specialties in their older and honored science.

The principal reason for such hesitation on the part of medical practitioners was the small number of educated gentlemen who had adopted dentistry as a profession; for the majority of those who professed to practice it were persons wholly deficient as regards professional education or knowledge, and only versed in mere handicraft; men who had forsaken various mechanical pursuits to engage in the practice of an art which they supposed would be more remunerative and less laborious. Indeed it has only been within the last two decades that dental science has become worthy of being ranked as a department of

medicine. Within the time referred to a great number of educated gentlemen have adopted it as their life-work, and by their scientific investigation and valuable inventions have accomplished the truly wonderful and important improvement which have had such an influence in placing their profession in the position it now occupies, and rendering it worthy of the recognition now accorded it.

It was the most cherished desire of the principal founder of the oldest of our dental schools, as expressed by him to your speaker on more than one occasion, to have the institution in whose welfare he was so deeply interested, incorporated with the Medical Department of the University of Maryland.

And I feel perfectly safe in making the assertion that, if the majority of the dental practitioners now engaged in teaching in separate dental schools, could secure similar positions in dental departments connected with medical universities, such dental schools would cease to exist, and dental teaching be only conducted where superior advantages are presented to the dental student. It is beyond question that the intelligent public will soon begin to discriminate between the young men who are educated in a manner equal to the demands of their science, and those who are taught the mere handicraft of dental art, and whose ability consists in manipulative skill, without the knowledge required to properly direct such skill. The result will be a higher grade of dental graduates, who can justly claim an *esprit du corps* which will serve as a stimulus to both study and practice. The science of dentistry in its present status requires more than mere manipulative skill; its practitioners must be thoroughly educated in its theory also, for it should be remembered that the reputation of every profession depends upon the intelligence of its practitioners.

Dental students should be educated in such a manner as will enable them to meet the family physician in consultation, when the nature of a case requires it, and intelligently furnish the dental details on which the efficacy of the constitutional treatment may depend. On the other hand the dental practitioner



should also, in certain cases, be intelligent enough to prescribe constitutional treatment, if required to do so; and such occasions are by no means rare in dental practice. Every one judging impartially must admit that the advantages offered to dental students by Dental Departments in Medical Universities of well-established reputation, will enable such students, when they become practitioners, to better meet the requirements of their profession, and enjoy to a higher degree the confidence of the community in which they locate.

Taking this Dental Department as an example, I will briefly refer to the connection existing between it and the Medical Department. In the first place, the Dental Department of the University of Maryland forms an integral part of that old and honored institution; not a mere appendage, such as might be established merely as an offset to other institutions. On the contrary, you as students of this Department, will have many of the advantages enjoyed by the medical students of the medical department, which should certainly prove incentives and enable you the better to meet the demands upon your professional skill which after-practice may present.

Dentistry in all its complications has so wide a range of affiliations, that should the student confine himself within the limit of its collateral arts and sciences, it would require a very long life to compile them. The dental like the medical student in this country begins a course of study varying with the habit of his mind, with his power of application, and with his opportunities.

One may commence his collegiate course fortified by the skill acquired by a connection with a well-qualified preceptor; another, without such opportunities, may by more laborious though slower efforts accomplish the same result. A number of young men graduate every year from our dental schools who settle away into insignificance, while many others fight their course to usefulness and eminence in the profession by sheer force of will and determination. It is to such that every opportunity should be given to facilitate their progress. If dental schools could be conducted on the

principle that it is better to turn out a few graduates educated to a certain standard, than a large number not educated quite so well, a radical change in the present plan of dental teaching would be necessary; but at the same time great care would have to be exercised lest such a system should prove exclusive or impracticable to many worthy aspirants.

Dental students should be impressed with the importance of a due inquiry into the pathological conditions and consequent treatment of a specific class of organs, the causes and connections with other parts, and the influence which even remote organs may exercise upon the dental structures. It must therefore be apparent that a knowledge of general anatomy is imperatively demanded, and that it is a mistaken course to attempt to study any part as isolated from the rest of the system.

There is no excuse in these days for deficiency of anatomical knowledge, even on the part of the dentist, and the acquisition of such knowledge need not interfere with the study of any particular branch which may be selected as a specialty. The study of both anatomy and physiology enables the dental student to discover the existence of disease by presenting to him a standard of health both in structure and in function, but neither would instruct him as to the nature of any particular malady, nor the precise organs which would suffer by sympathy, nor the remedies to be resorted to. Such inquiries belong to pathology and therapeutics. Subjects with the general principles of which the dental student should become familiar, and especially with their application to his specific branch.

It is true that the dental materia medica is a circumscribed one, but, notwithstanding, it is as important to our specialty as the more extensive one of the medical practitioner; and the nature, properties and effects of every therapeutic agent employed in dental practice should be taught to the dental student before he can be safely intrusted with their application.

Modern chemistry is the basis of materia medica, and, like anatomy forms an essential part of a liberal dental education; and no intelligent dental practi-

tioner can afford to be ignorant of the great principles which underlie the science. In the application of chemistry to dentistry the laws of affinity can be safely relied upon, and are not modified by the living principle. It is therefore easy to perceive the paramount importance of chemical knowledge to the dental student.

As dental practitioners we have organs to deal with having a definite chemical constitution, and an extensive list of agents liable to be brought in contact with them, whose chemical affinities are as unalterably determined; hence to judge of the direct effects thereby resulting, a most thorough knowledge of the relative affinities of all these substances is indispensable. In no direction has the progress of medical art been so rapid as in surgery, which deals largely with mechanics; and dental surgery, although it differs materially from general surgery, is so closely allied to it that a knowledge of the former cannot fail to prove of inestimable advantage to the dental practitioner.

No one can question the importance of oral surgery to the dentist, and it may not be unreasonable to predict that the future dentist by perfecting himself in this specialty will bring within his sphere the whole domain of oral surgery.

The student who enters a dental school under the impression that all that is essential for him to learn is the art of introducing material into a carious tooth, and the mechanism of supplying an artificial denture, can make no greater mistake, nor one that will be more fatal to his success in after practice. Allow me to impress upon you, gentlemen, "that the more generous and liberal the general training, the more sure and lasting will be the professional growth."

Endeavor to lay here a foundation which will enable you to keep in the front rank in that onward march towards the perfection of professional ability, which has for its high object the alleviation of human suffering, and the conservation of one of the most useful and beautiful sets of organs the human race is endowed with.

## CLINICAL LECTURE.

### LARYNGEAL PHTHISIS.

BY MORELL MACKENZIE, M. D., LONDON,  
F. R. C. P., Senior Physician to Hosp. for Diseases of the Throat, Golden Square, London.

*(Delivered at Baltimore in the Clinical Amphitheatre of the University of Maryland Hospital, on Wednesday, Oct. 4th, at 1 P. M.).*

*(Specially reported for Md. Med. Journal).*

A young white woman was introduced suffering with laryngeal disease, upon whom a previous laryngoscopic examination had been made by Prof. Donaldson. The lecturer remarked that we must endeavor, by inspection, to form some idea as to whether such a patient is suffering from organic trouble or not. This person looks delicate, pale and anæmic, as though suffering from what you call in this country malaria. Her pulse is weak and her muscular system enfeebled. We would say at once she had a serious complaint. In simple catarrh, specific disease and paralysis of the vocal organs, patients often look well and present nothing to indicate serious trouble. Anæmia and debility are always present in phthisis of the larynx. Believes that phthisis never attacks the larynx before affecting the lungs. Formerly thought it did so occur but now holds the contrary. In this case Prof. Donaldson has examined the lungs and reports a slight deposit in one of them.

What is tubercle? Whatever view you may hold is almost sure not to be true fifteen years hence—this is the law. Formerly a tubercle was supposed to consist of simple granules; then a slightly shrunken pus corpuscle was considered characteristic. The giant cells, which some regard as simply cross-sections of the capillaries, were also considered for many years characteristic, but this is also now going to be given up. Some say that tubercle is essentially composed of small particles of solidified blood.



What would be considered characteristic a few years ago is now considered not at all so. A few years ago the presence of a number of small round cells and the relation between these and the giant cells was considered characteristic. Now these have been displaced by the bacillus discovered by Koch about two years ago, and which has created a great sensation in Europe. Thinks in about two years this will prove delusive. Can't think a disease like phthisis originates from spores. For years and years persons are in contact, and there is no well authenticated case in which it has been caught. If from spores it should be communicated frequently. It is distinctly hereditary. Thompson, of the Brompton Hospital, collected 10,000 cases some years ago, and only found six in which there existed the smallest probability of infection. Even this proportion may be dismissed as insignificant. Therefore believes the disease is accidental and not from spores. A great deal of unnecessary alarm has been spread in England by the popular fear of the bacillus. You may always tell your friends that the disease is not in the least degree catching. Was aware that such views would not be accepted and would subject him to the reproach of not being scientific.

The *diagnosis* is based upon the characteristic appearance of the larynx. The great characteristic of laryngeal phthisis is a thickening of the mucous membrane. Ulceration never occurs until this thickening has first taken place; the reverse is the case in specific disease. The first thing to look for is the thickening; if this be found you will say it is very likely phthisis. The thickening occurs in the shape of a pyriform swelling, and is always found on the apices of the arytenoids and lower parts of the ary-epiglottic folds.

In this case there is thickening but no ulceration. Would call this the first

stage, or the stage of congestion. Dismiss the anæmic stage of the Germans, which they call the first stage. The patient was here made to count aloud; the voice was shown to be very little affected. The vocal cords are, therefore, so far nearly intact. The deposit is more apt to be external than internal.

The treatment to be adopted depends upon the stage of the disease. In the first stage we must trust greatly to constitutional measures. The patient must spend as much time out of doors as possible and must take cod-liver oil. If advanced, must use very decided local treatment. Local astringents—as chloride of zinc and perchloride of iron—do a very great amount of good. It is very difficult to tell what does good in this affection, but had been convinced from the case of medical men, very many of whom were under his treatment, that astringents give great relief. They diminish secretion and appear to break up the development of the disease.

When more advanced and with ulceration and difficulty of swallowing, the local application of morphia does great good. It should be used in small quantities, gr.  $\frac{1}{16}$  to  $\frac{1}{8}$ , and may be combined with bismuth. It is to be applied by insufflation as with a rubber ball. The best time for using is about  $\frac{1}{2}$  hour before meals, and we can teach the patient to blow it in himself, or a friend can do it for him. This method of using is much more efficacious than that of the stomach or the hypodermic syringe.

All cannot expect to become thorough laryngoscopists. Great skill and the performance of such operations as removal of tumors, require extensive experience. But the instrument may become generally available for diagnostic purposes and should be so resorted to. A complete knowledge is not essential since affections and operations requiring more than ordinary skill are in the hands

of the specialists. Everybody can learn to use it in ordinary cases. One thing to be impressed is the importance of drawing the tongue forward in order to elevate the epiglottis and give free access to the interior of the larynx.

### CORRESPONDENCE.

LONDON, Sept. 20th, 1882.

*To the Editors of the Md. Med. Journ.:*

DEAR SIRs:—"I have been to Vienna!" How many of us, from the time we commenced the study of medicine, have heard this sentence from the mouths of our seniors, and as one by one we too have been there, we wonder not that they should rejoice in the fact that they had been able to visit, probably, the greatest city, from a medical point of view, in the world. Who has not desired, from the first time the names of Billroth, Politzer or Arlt have fallen upon his ear, to go and see the men who had made themselves famous in the medical world at least, and the house in which they have done and are now doing such valuable work for the profession? It had been our intense desire for years, a desire only equalled by the study of medicine itself, and when we found it about to become a reality, an eager enthusiasm took possession of us, such as we had not experienced since the day we began to receive instructions from the Faculty of the University of Maryland. We spent some three weeks in Paris. How much of our time was employed while there we wrote you in a former letter. From thence we went direct across the continent to Vienna, which we reached at six o'clock on the morning of the fourth day, having spent the nights in Strassburg, Munich and upon the cars respectively. We took the most direct route to Vienna, for our anxiety to reach there was great and all else held a secondary place. Still

we found to make the journey in comfort required eleven hours (314 miles) from Paris to Strassburg, about the same from thence to Munich, and the night express took ten hours to run from the latter point to Vienna, a distance of 265 miles; so that we had to allow much more time on the railroads from point to point than with us, even the fast express trains on the continent rarely running over 25 miles an hour.

We had heard much of the beauty of Vienna, and were not long after our arrival in getting upon the street that we might judge for ourselves. Truly Vienna is a most charming city, and what tends to make it all the more attractive to a stranger is that all or most of its beauty is concentrated in and about the chief streets, which combine to circle the inner city and have thus been called the Ringstrasse, so that one does not become tired in going from place to place at long distances to hunt up the attractive points. The Opera House, Museums, University, New Theatre, are all fine, handsome and attractive; but when one knows that they are of plaster and that all the elaborate work upon them is moulded in plaster, a sense of disappointment at such an architectural fault cannot fail to present itself and spoil in a great measure the effect. As plaster is easily worked a rather gaudy style is the result; as one has well said, in speaking of the Ringstrasse: "The handsomeness of its architecture is perhaps unsurpassed in any other European capital, but many of the buildings are more showy than tasteful." But enough of this—I am to write you about medical and not architectural Vienna; still I could not refrain from giving you my first impressions of the city as I walked along its streets on my way to the hospital. It was some distance from my hotel to the Votive church, one of the most beautiful I have seen in Europe, to the west



of which lies the Alser street, the object of my first search. This street found, a short walk brought us to the hospital, or, as we all know it, the "Allgemeine Krankenhaus." I know not for what reason, but I had expected to find the hospital a fine building and imposing from an architectural point of view; imagine my surprise, then, when, after walking for some distance along a house, which I took to be soldiers' barracks, to find, when in front of a large gate-way, that I had been walking along the hospital building and that as much more lay beyond me. There is nothing in the least attractive in the external appearance of the hospital; it consists of a large rectangular building or mass of buildings; all are of brick, three stories high, and some of them look as though they had been protecting the sick and wounded for many a long year. About the centre of the hospital's front on Alser str., is the gate-way before mentioned, a common entrance for carriages and pedestrians; this opens directly into a most charming courtyard. Here, under the cool shade of the trees (it was in July), with its carpet of green grass and the music of its fountain, many patients, scattered about on beds, were getting life and no doubt some happiness from this country scene in the midst of a crowded city. Such a place could not fail to soothe the fretful disposition of the sick, did it bring no other balm for their wounds. Many such courts were formed by buildings additional to the main ones. When we know that here can be found places for 3,000 patients, we wonder not at the extent of the buildings. Each and all of the buildings are of plain brick and mortar, all for utility and but little for ornament; thus like the universities of Paris, Heidelberg and Leipsic, which we visited, their reputation comes from within and not from any external beauty they possess. We soon made a tour of the buildings facing the courts, and

when we saw the names of Billroth, Politzer, Kaposi, Schrötter, Arlt and others written over and at the side of the court-ways, we knew we had almost reached the object of our desires and were at last among men who had put themselves in the front rank of our profession. Everything in and about the hospital is kept neat and clean, and it shows good management to get rid of the dirt and filth which must be carried there every day, in an inoffensive manner. The wards we found in a sweet and neat condition and free from vile odors, as though used for the first time; even in the dead-house, where we saw half a dozen bodies at one time, and in the college halls, through which we frequently saw the bodies carried, the air was but little tainted.

Beyond all question those who have the management of the hospital are men fully alive to the work put for them to do. We made several attempts to see the great surgeon Prof. Billroth and succeeded finally; our time was not lost, however, for we had much pleasure (if so it may be called) in watching his assistant perform a number of minor operations, amputations, etc. Prof. Billroth was very warmly received by the students when he entered the amphitheatre; as well he might be, for a more pleasant man in his bearing towards the students I have rarely seen; his face and whole bearing are expressive of good nature. We were much gratified in watching him operate for stone in an old man, by crushing, and though somewhat tedious it was done in his masterly fashion; following this he opened the colon of a little child with imperforate anus. We spent an hour in Prof. Politzer's room; I presume he knew us to be strangers from the hesitating way in which we entered his clinics, for he came up to us and in English invited us to a seat, at the same time telling of a case of ear trouble he then had under treatment;

it was a rupture of the membranes, and by way of illustration he showed us some of the most complete specimens of the membrane with its connecting chain of bones we have ever had the good fortune to see. We spent many mornings in Prof. Schröetter's room; it was crowded all the time, and the students did not have to hunt for victims upon whom to practice with light and mirrors. It was amusing to listen to the noise made by such a crowd; you seemed to be in some great sheep pen, and the bleating of so many human sheep was almost deafening at times. Truly a grand laryngoscopic field is here. Thus we went from room to room and found somewhat of interest everywhere, and left after more than a week's visiting, with regret that it had not been in our power to remain years instead. The work necessitated by a full course in such a place is well balanced by the mode of living, and while sorry to leave such work we felt sorry as well to leave our cafés, where we relaxed each day. Students in Vienna can surely live and work well.

I should have sent you this from Vienna, but it is not when I would write but when I can. Trusting this may recall pleasant memories to those who have been in Vienna, and not be unwelcome to those who have not,

I remain, yours sincerely,

JOSEPH T. SMITH.

GENUINE VACCINE VIRUS.—Arrangements have been made at the office of the MARYLAND MEDICAL JOURNAL to supply the profession with Pure Vaccine Virus from the National Vaccine Establishment, Washington, D. C. Orders will receive prompt attention.

## FIRST OPERATION FOR OVARIOTOMY.

DARLINGTON, Md., Oct. 2, 1882.

To the Editors of the *Md. Med. Journ.*:

There appeared an obituary notice of Dr. Chaisty, of Baltimore, in one of the newspapers of that city, in the month of August last, in which the unqualified statement was made that to Dr. Chaisty belonged the honor of originating and practising *the first operation of ovariectomy*; and that the operation had been performed upon a Baltimore lady, who was still living!

Being somewhat familiar with the professional history of Dr. Ephraim McDowell, we inclosed the newspaper, with the obituary marked, to our friend and professional veteran in ovariectomy, Dr. John L. Atlee, simply as one of the curiosities of the misstatements so frequently perpetrated in obituary records.

Dr. Atlee very kindly favored us with the following reply, which, considering the authority, we believe will be of interest to your readers:

"LANCASTER, PA., August 20, 1882.

MY DEAR DR. FORWOOD:—Thanks for your having called my attention to the statement in the obituary notice of Dr. Edward J. Chaisty, in the *Baltimore Day*, of August 17, 1882, that Dr. C. was the first operator for ovariectomy in this country.

"Dr. Chaisty was born December 23, 1813. Dr. Ephraim McDowell, of Kentucky, performed the operation in December, 1809—four years before Dr. C. was born—and had operated twelve times, or more, before he died, in June, 1830.

"Dr. Peaslee, of New York, in his very full history of the origin and progress of the operation, (see Peaslee on *Ovarian Tumors*) does not mention Dr. Chaisty's case, as he would have done had it been reported.

"My first operation, which was the first *double* ovariectomy on record, was performed in June, 1843, a full report of which you will find in the *American Journal of the Medical Sciences* for January, 1844.

"I am very sincerely yours,

"JOHN L. ATLEE."



Very few professional men, we imagine, if interested in ovariectomy, would be misled by the misstatements in the secular paper referred to, although so circumstantially and so graphically detailed. At the same time, should the medical journals of Baltimore remain silent on the subject, many physicians, without taking the trouble to inform themselves, might be induced to place credence in the erroneous statement. Therefore, in the interests of the truth of history, and in justice to the memory of that great and good man, Dr. McDowell, whose genius has preserved the lives of thousands of women, we ask you to publish, in this connection, the copy of Dr. Atlee's letter, herewith submitted, and which, while brief, fully explains the facts involved.

In conclusion, we must express our surprise that Dr. Chaisty's professional friends should have allowed this erroneous statement to have remained thus long uncorrected.

Very respectfully,

W. STUMP FORWOOD.

## SOCIETY REPORTS.

### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCT. 6, 1882.

I. EDMONDSON ATKINSON, M. D.,  
President, in the Chair.

(Specially reported for the Maryland Med. Journ.)

The first meeting of the season of 1882-83 and the annual meeting of the society was called to order by the President. The executive committee presented though its chairman a lengthy report of the work done during the year, of which the following abstract is given.

## ABSTRACT OF EXECUTIVE COMMITTEE'S

### REPORT.

Number of meetings held.....	16
Average attendance.....	41 $\frac{1}{2}$
(Maximum 57, minimum 30).	
Papers read.....	25
“ published.....	20
Specimens exhibited.....	49
Patients “.....	6
New instruments exhibited.....	1
The papers were published as follows :	
In Maryland Medical Journal.....	12
Philadelphia Med. News.....	4
Independent Practitioner.....	1
Annals of Anat. and Surgery.....	1
Archives of Medicine.....	1
Obstetric Gazette.....	1

The following were the authors of the original papers: Drs. Chambers, Winslow, C. Johnston, Michael, Wm. Lee, Browne, Coskery, Latimer, Theobald, R. W. Johnson, Tiffany, Morison, R. Thomas, Morris, J. D. Arnold, J. N. Mackenzie, Miles, Bevan, Rohé, I. E. Atkinson, Chew.

The following are the titles of the papers: “Nerve-Stretching in Locomotor Ataxy;” “External Rectotomy;” “Notes of the Recent International Medical Congress in London;” “Interesting Case of Hernia Treated Conservatively;” “Nervous Diarrhœa in Children;” “Case of Recto-Vulvar Fistula Caused by Abscess of Bartholin's Gland;” “Critical, Historical and Clinical Study of Smith's Anterior Splint;” “When is Trephining Justifiable or Advisable?” “Croup;” “Use of Constitutional Remedies in Ear Diseases;” “Subcutaneous Herniotomy;” “Management of Adherent Omentum in Hernia;” “Analysis of 250 Cases of Malaria Treated by Tincture of Iodine;” “Cancer of the Prostate;” “Observations on the Treatment of Phthisis at Mont Dore, in France;” “Some Observations on Bovine Vaccination;” “Laryngeal Phthisis;” “Prolapse of the Laryngeal Ventricles;” “Neurosis;” “Excision of the Initial Lesion of Syphilis;” “Case of Purpuric Small-Pox with Autopsy and Sequel;” “A Contribution to the Pathological Anatomy of Laryngo-Tracheal Phthisis;” “Simple Chancre of the Preputial Margin;” “Digitalis Clinically Considered;” “The Curette as a Therapeutic Agent in Gynecological Practice.”

"The review of the work of the society submitted with this report shows an amount and quality of scientific work, we believe, not hitherto reached by any medical society in Baltimore. \* \* \* The committee beg to congratulate the society on its success during the past year, and to express the hope that ensuing years will find it, as we believe it is to-day, in the vanguard of medical progress."

#### TREASURER'S REPORT.

The Treasurer, *Dr. T. A. Ashby*, reported the membership of the Society as 144, 34 being added during the year and 3 having died.

Balance from last year.....	\$ 67.15
Receipts during the year.....	257.00
	<hr/>
	\$324.15
Expenses during year.....	\$209.90
Deposited in Bank.....	50.00
	<hr/>
	259.90
Balance in hand of Treasurer.....	\$ 64.25

ELECTION OF OFFICERS.—The following officers were then elected for the session of 1882-83: President, *Dr. Sam'l Theobald*; Vice-Pres't, *Dr. B. B. Browne*; Rec. Sec'y, *Dr. J. W. Chambers*; Treasurer, *Dr. T. A. Ashby*; Cor. Sec'y, *Dr. Randolph Winslow*; Ex. Com., *Drs. J. Edwin Michael, I. E. Atkinson and Geo. H. Rohé*. The Society then adjourned.

#### EDITORIAL.

THE JOHNS HOPKINS MEDICAL SCHOOL.—It is announced with some show of authority that the trustees of the Johns Hopkins Hospital design opening that institution, and the medical school to be established in connection with it, in the Fall of 1883. This announcement is somewhat surprising in view of the repeated statement that the hospital would not be ready for inauguration for five or six years at least. The authorities, however, have decided not to wait for the full completion of the extensive buildings, but to commence work as soon as the accommodations already provided can be rendered avail-

able. These consist of an administrative building, a male and a female pay ward, a kitchen, a nurses' home, an apothecary building, octagonal wards, an isolating ward, an autopsy building, a free dispensary, an amphitheatre, and a laundry. These, with the exception of the last, are already under roof, but no inside work has yet been done upon them. About \$1,300,000, including cost of ground, has so far been spent on the buildings, which, when completed, will have a capacity for 400 patients. A site for a building for the medical school has been purchased in the vicinity of the hospital.

The prospect for an early commencement of this institution, which is destined to reflect such honor upon Baltimore and to elevate so much the standard of medical education in this country, cannot but be gratifying to all whose minds are not blinded by personal interest. If we are to judge the character of the medical department by that of the academic already successfully under way, we may safely predict that in the inception of the Johns Hopkins Medical School, we will witness the assemblage and activity of a band of workers that will carry the fame of our city to the farthest limits of the civilized world.

THE STUDY OF ANATOMY IN THE STATE OF MARYLAND.—Two important laws bearing upon the pursuit of anatomical studies in this State were passed by the Legislature at its last session. Up to within a few months Maryland has been among those American States whose laws were silent regarding the practical study of anatomy and the desecration of graves. That there should be institutions for the teaching of medical science, chartered by the State governments, which are nevertheless without any legal provision for acquiring the only means by which the foundations of medical education can be securely laid, seems a strange anomaly, and yet this was true until very recently of 14 of the 38 States of the Union. Who was the author of the bills above spoken of as adopted by the Legislature of this State, at the session of 1881-82, is unknown to the writer, but he deserves great credit for the service he has ren-



dered to the cause of medical education in this community.

It is eminently proper that the unauthorized exhumation of the dead should be forbidden by law and that heavy penalties should be inflicted upon those who are found guilty of it. At the same time it is no less proper that the dissection of the dead should be placed upon a legal status and provision made for the supply of bodies. The Maryland law which does this seems to be based upon similar laws previously in operation in other States—of which Massachusetts, acting upon the instigation of the Mass. Med. Society, took the lead as long ago as 1831—and seems to be wise and liberal in character. It authorizes the use of bodies requiring burial at the public expense, except in cases where the deceased have requested burial, or are strangers or travellers, “for the advancement of medical science” *within the State*, and provides that officials of Baltimore city and county shall permit any physician or surgeon of the same city or county to take such bodies upon his making a request for them within 48 hours after death. Preference is given to medical schools, public and private, and penalties are imposed for selling or buying such bodies or removing them beyond the State.

Time alone will show whether the law will be efficiently carried out or not. Obstacles will no doubt be interposed by political demagogues and officials indifferent to the professional and public interest involved. Dr. John C. Warren wrote of the Massachusetts law: “The Superintendents of the House of Industry opposed great difficulties to the execution of this law, but he dying in 1847, an ample supply was obtained for the medical schools afterwards.” Much will depend upon the determination of the medical schools to enforce its execution. It would seem that motives are at hand sufficient to cause them to take a decided stand in the matter. Failure upon their part will compel them to depend upon other cities and States for the dissecting material required by their students.

## MISCELLANY.

ANTISEPTICS IN PHTHISIS.—Dr. William Porter, Physician to Throat and Lung Department, St. Luke's Hospital, St. Louis, thus summarizes:

Proven, it seems to me, are these two propositions:

1st. Phthisis is a specific disease from a specific cause.

2d. Phthisis may be produced by absorption of tuberculous matter in contact with the mucous membrane of the air passages or intestinal tract.

There is also evidence that the energy of this tuberculous matter is due to germ development and progression.

Hence the value of antiseptic influence in the treatment of phthisis, not only in the later stages during pus production and absorption, but also in the earlier process of infection.

One great demand is for that, which by local and internal use, may meet and destroy the septic agencies of disease. Such a remedy must be effective, unirritating and non-poisonous, susceptible of ready dilution and easy absorption, and withal inoffensive in odor and taste.

Carbolic acid and iodoform do not fully meet these requirements, and less harmful yet no less potent means of antagonizing contagion and putrefaction are finding favor.

The compound known as Listerine has for nearly two years served me better than any other remedy of its class, and, in the treatment of phthisis, has almost supplanted in my practice all other antiseptics. In treatment of diseases of the upper air passages it is pleasant and does not irritate; in the fermentative dyspepsia so often accompanying phthisis it is safe and efficient.

It is the most powerful non-toxic antiseptic I have yet found.—*Lancet and Clinic*.

A PRIZE OF \$50.—At a regular meeting of the Baltimore Academy of Medicine, held June 6th, 1882, the following resolution was adopted:

*Resolved*, That a prize of \$50 be awarded for the best paper read by any member before the Academy during the present fiscal year; provided, that such paper has not been read or published previously.—B. B. Browne, M. D., Recording and Cor. Sect'y.

DIGESTIVE POWER OF PEPSIN.—Dr. C. L. Dana, of New York, from a series of elaborate experiments (*Am. Jour. Med. Sciences*, Oct.), deduces the following conclusions: A physician in giving a dose of *good* pepsin may believe that it will have a value two or three times greater than that exhibited under ordinary artificial conditions, *i. e.*, it will digest twenty or thirty times its own weight. This conclusion is in harmony with much clinical experience, that *good pepsin* has a *real* though not a *great* medicinal value. Points of practical importance are that large doses should be given even of so-called pure pepsins. The physician should always know how much pure pepsin there is in the saccharated preparations. Acid should generally be given immediately before and the pepsin after meals.

WHEN TO OVARIOTOMIZE.—So long as an ovarian tumor does not interfere with the appearance, prospects or comforts of the patient; so long as no injurious pressure is exercised by it on the organs of the pelvis, abdomen and chest; so long as heart and lungs, digestive organs, kidneys, bladder and rectum perform their functions without much disturbance; so long as there is no great emaciation, no very wearying pain, no distressing difficulty in locomotion, or so long as any injurious influence can be counteracted by ordinary medical care, the patient should be left to *this care*, undisturbed by any surgical treatment.—*Walter F. Atlee*, of Philadelphia.

SOCIETY BULLETIN.—*Med. Ass'n* will meet Monday, Oct. 23d, 8½ P. M.; *Dr. Erich* on "Metrorrhagia."—*Acad. of Med.* will meet Tuesday, Oct. 17th, 8½ P. M.—*Clin. Soc.* will meet Friday, Oct. 20th, 8 P. M.; *Dr. Harlan* on "Iodoform in Purulent Conjunctivitis." *Dr. Councilman* on "Tuberculosis as an Infectious Disease."—*Med. and Surg. Soc.* meets every Wednesday, 8½ P. M.—*Section on Ophthalmol., Otol. and Laryngol., M. and C. F.* will meet Monday, Oct. 16th, for organization.—*Section on Obstet. and Gynecol., M. and C. F.*, will meet Friday, Oct. 27th, 8¾ P. M.

DEATHS OF PHYSICIANS.—Dr. E. Cleveland Coxe, æt. 32, a prominent young physician of this city, died at his residence, on Boundary Avenue, Friday, Oct. 13th. Dr. Coxe was a native of New York State and a graduate of the College of Physicians and Surgeons, New England. He came to Baltimore in 1878 and soon became engaged in successful practice. He was a highly refined and cultivated gentleman, and a well trained and skillful physician. Though comparatively a stranger in the city he had many warm friends who deeply deplore his loss.

Dr. Henry Albers, a well-known and respected practitioner, died at his residence, in this city, Saturday, Oct. 7th. Dr. Albers was born in Berlin, Germany, in 1812. He came to Baltimore in 1840 and engaged in practice. He was a member of the Medical and Chirurgical Faculty of Maryland and was physician to the German Society.

SEWER-GAS AND DISEASE.—The special poisons to which I now refer are the gases resulting from defective plumbing, to which all classes—the poor occupants of tenement-houses, those who are able to command the necessities and many of the luxuries of life, and those who live in the most expensive houses, and whose riches can buy everything but health—are alike exposed. None but physicians can know how general this poison is,



and how positively it explains much of the disease that they are called upon to treat, and of the many sad deaths that follow.

When I assert that it is a daily experience with me to see persons whose general health is suffering from this poison, as manifested by *malaise*, loss of appetite and strength, slight febrile symptoms, diarrhoea, physical and mental depression; and that I have seen infants, children, and adults suffering from diphtheria, scarlet fever of a mild type, complicated with this disease and destroying life; those in vigorous health, students in colleges, ambitious and active young men in the professions or in the commercial or financial world, stricken down by typhoid fever, some struggling through the disease and others dying; and that the cause has been demonstrated to be this poison—I only state facts which are common in the experience of all physicians in this city. In some cases this has been the result of ignorance of the very unsanitary conditions which environed them. For example, two young men were stricken down with typhoid fever, one of whom died. They were not acquaintances, but occupied offices in the same building, in the vicinity of Wall Street. On investigation, it was found that there was not a trap in the whole building. In a house in which, but a few months before, several hundred dollars had been expended to put the building in perfect condition, a young man died of typhoid fever, and others of the family became ill, when it was found that a defective waste-pipe was saturating the house with poisonous gas. But such facts as these are so common and so well known to the profession that I need not dwell upon them.—*From article by Dr. Frank H. Hamilton, on "Sewer-Gas," in Popular Science Monthly for November.*

Be just and friendly towards every worthy druggist.—*Cathell.*

## MEDICAL ITEMS.

THE idiosyncracies of individuals are not matters for ridicule, however absurd they may appear to be. On the contrary, they deserve, and should receive, the careful consideration of the physician, for much is to be learned from them, both in preventing and in treating disease.—*Hammond.*—Seguin gives the following directions to prevent gastric disturbance arising from the use of Iodide of Potash. 1. Use a simple aqueous solution. 2. Give it upon an empty stomach, fifteen or thirty minutes before the ingestion of food. 3. Give it freely diluted with an alkaline solution. As an alkaline diluent he advises Vichy water, one half or one glassful being taken with each dose of the salt.—Dr. John Morris of this city has gone to Indianapolis, Ind., to attend the tenth annual meeting of the American Public Health Association which will be held there on October 17th to 20. —Dr. J. J. Woodward of the U. S. Army who made a trip to Europe last Spring on account of ill health has returned home without being improved by his travel abroad.—Helenine M. de Korab claims is an antidote to the effects of the bacillus of tuberculosis. He has found that this drug hindered the development of the bacilli in culture fluids and that its administration will prevent the symptoms of tuberculosis in animals inoculated with the bacillus.—DR. J. H. MOORE, a graduate of the University of Maryland, class 1872, and a prominent practitioner in Loudon Co., Va., during the past ten years, has recently located in Omaha, Nebraska, where his professional prospects are very encouraging. Dr. Moore pursued private courses of study in Baltimore last winter with the view of preparing for this new field.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF


## MEDICINE AND SURGERY.

EDITORS:

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SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

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WHOLE No. 97.

BALTIMORE, NOVEMBER 1, 1882.

VOL. IX, No. 13.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### TUBERCULOSIS AS AN INFECTIOUS DISEASE.

BY WM. T. COUNCILMAN, M. D.

(Read before the Clinical Society of Maryland, Oct. 20th, 1882.)

Villemin, a French investigator, in 1865 first demonstrated by inoculations on rabbits and Guinea pigs, that tuberculosis is an infectious disease, capable of transmission from one animal to another. He introduced both grey miliary tubercles and cheesy pneumonic substance under the skin of the animals and found, after an interval of from ten to twenty days, tubercles in the lungs, and after a still longer period in the intestines and mesenteric glands. So striking a result led to frequent repetitions of these experiments, and the literature of the 60th years is full of the subject. The results of these first experiments were various; in general, however, the theory of Villemin encountered on all sides much opposition, both from German pathologists and from Burdon Sanderson and Fox in England. The idea came to be held that the tubercle

was the result of the absorption of a thickened inflammatory exudation, and those animals, such as rabbits and Guinea pigs, in whom purulent exudations were prone to become inspissated, were most subject to tuberculosis. One of the strongest defenders of this view was Cohnheim, who, on carrying out together with Fränkel, Villemin's experiments in the Pathological Institute in Berlin, found that after the introduction of any foreign body, either a piece of paper or of cork into the abdominal cavity of rabbits and Guinea pigs, they always died of tuberculosis. Waldenberg held the view that tuberculosis could be caused by any finely divided substance being taken up by the blood.

Villemin was also not without his adherents. Especially from the experiments of Klebs it seemed that inoculation with various inflammatory products could produce foci of inflammation, but that true tuberculosis was only produced when tubercular matter was inoculated. Cohnheim and Fränkel, on repeating their experiments separately, the former in the Breslau Laboratory and the latter in his Ber-



lin dwelling, were not able to obtain their former results and were led from this to believe that the animal stalls in the Berlin Institute were thoroughly infected with the tubercular virus, and that the infection of the animals took place accidentally. Experiments were made with feeding. Aufrecht, Gerlach and others found that on feeding animals with tubercular matter tuberculosis was the result. Gerlach fed several animals with the milk of a cow that was tubercular; with one exception they all became infected. Tappeiner, and later Weichselbaum, produced tuberculosis in dogs by causing them to inhale dried tubercular sputa.

These experiments could not at all be reconciled with the theory of the absorption of an exudation, and the question seemed finally to be settled by the experiments of Cohnheim and Salomonson. In order to attain certainty in the matter they adopted the plan of introducing a small piece of caseous matter into the anterior chamber of a rabbit's eye. Here the experiment was thoroughly under their control, and any changes taking place in the tissues could be watched from day to day. When the matter inoculated was carefully cleaned it occasioned only a slight iritis at the time, which was easily controlled by atropia; the chamber remained clear and the small piece of matter could be seen attached to the iris where it remained unchanged for a period of twenty to twenty-five days. After this lapse of time small greyish nodules developed in the iris, a severe iritis was set up and the eye was lost through panophthalmitis. General infection, and a more or less severe tuberculosis of the lungs, lymph glands, etc., sometimes followed, but not in every instance. By these experiments not only the question of the inoculability of tuberculosis was settled, but what was of especial importance, it was seen that there was a definite period of incubation and that the tu-

bercles were developed primarily, and without an intervening inflammation.

Let us now see how the matter stood with regard to human tuberculosis. Here the old doctrine regarding it as due to the absorption of the products of a previous inflammation played a great *role*. Buhl, whom we have to thank for so much that is good in the literature of the subject, was one of the first to call attention to the presence of a caseous focus somewhere in the body in nearly all cases of acute tuberculosis and regarded the latter as an infectious disease, or more properly speaking, a disease arising from a self-infection of the organism. For him the caseous material when once formed, no matter whether it be a caseous pneumonia or caseous lymph gland, was in itself infectious and capable on its absorption of infecting the organism with a specific disease. Taking this view of the matter, in the light of present ideas regarding infectious diseases, viz., that they are produced by a pathological agent capable of increase entering the body, there increasing and producing as a result of its presence certain specific alterations, and when transferred to another body affecting it in a similar manner, we are forced to the conclusion that the human body is in itself capable of producing such an agent, an idea which stands opposed to all our knowledge of the processes of life. The investigations of Schüppel on the so-called scrofulous lymph glands have shed much light on the matter. He always finds in these indurated caseous glands true miliary tubercles, and we are forced to the assumption that the same agent which led to the formation of tubercles here, led on its absorption to the formation of tubercles elsewhere.

When we follow the advance of tuberculosis from point to point in the body much light is thrown on its infectious nature. It is always a direct spread of the virus from one place to

another along certain definite paths. Take the most ordinary cases of tuberculosis we meet with—the advanced disease in the lungs coupled with ulcers in the larynx and ileum and a miliary tuberculosis of the liver and generally also of the spleen. How plain is here the course of the infection. The virus is taken into the lungs through the inspired air, and there the primary tubercular focus is established. From this the disease advances in the lungs, both by continuity and by independent infection of other parts of the same or of the other lung by aspiration of the sputa through the bronchi. From the lungs the virus is taken up by the lymphatics, the bronchial glands become caseous and usually the infection spreads no further in this direction. From the thorax comes the infection of the larynx, where we usually find the tubercular ulcers on the posterior larynx wall, at the spot where the sputa is apt to lie longest before being expectorated. A quantity of the sputa is always swallowed, and we have the infection of the intestinal track as shown by the ulcers in the ileum. Why the infection most generally takes place in the ileum is not accurately known; it may be that the secretions in the other parts of the digestive canal interfere with the action of the virus, or it may be that the lymphatic tissue here offers least resistance to the attack. Ulcerations in other parts of the digestive canal are by no means uncommon; only the œsophagus seems to enjoy immunity, though even here there are two or three cases reported of tubercular ulceration. From the ulcers in the ileum the disease spreads in two ways, by the lymphatics and the portal vessels; through the first we have a tuberculosis of the mesenteric glands, through the second a miliary tuberculosis of the liver where we generally find the tubercles either in the interlobular spaces or in the periphery of

the lobules. The liver acts here as a filter, retains the virus in itself and so prevents a general infection of the system; miliary tuberculosis of the liver seems to have no injurious effect on the general organism and always runs its course without symptoms.

The disease on the other hand, may begin first by an infection of the intestinal canal, and then attack gradually the mesenteric glands, the peritoneum, and in females the Fallopian tubes and the uterus. Our knowledge with regard to the infection of the whole organism with acute miliary tuberculosis as a result, has been much added to by the labors of Weigert and Ponfick. As the result of their investigations, we can say almost with an absolute degree of certainty, that in these cases we shall find a tuberculosis of the veins or of the thoracic duct. In one of these two ways the virus gets into the general circulation, and when there in sufficient quantity no organ in the body is free from its attack. Organs which are said to enjoy almost an immunity from miliary tubercle, such as the bones, the ovaries and some others, only enjoy this immunity because they are not examined with sufficient care. In three of the cases of miliary tuberculosis, I have seen, it was possible to trace the infection in this way; in one there was a large tubercular nodule in one of the pulmonary veins, in another in one of the splenic veins and in the third a caseous mass filled up the thoracic duct. That we are not able to trace definitely in such a way the source of all cases of acute miliary tuberculosis is true, but it can hardly be expected of a pathologist that he examine makro- and mikroskopically all the veins of the body. In some cases we have the infection of only a few organs through the general circulation, for instance besides the ordinary changes, a tubercular focus in the kidneys or in the brain. In such cases one must suppose that but



little of the virus got into the general circulation and was arrested here. In a few cases the epididymis or testicle and the pia mater are primarily attacked; how infection takes place in these cases we are at present unable to fully explain. For the testicle or epididymis Cohnheim suggests an infection through the act of coitus. It is true we do have tubercular affections (ulcerations) in the vagina and cervix, but when these affections exist in woman she is usually placed out of the pale of sexual pleasures. The possibility of this source of infection cannot be excluded, but it seems to me a very remote one. With regard to primary tubercular meningitis the subject is no clearer. Here the possibility has been suggested of the virus reaching the meninges through the upper nares and along the lymphatics of the olfactory nerves. Weigert asserts that in cerebro-spinal meningitis the infection takes this course, and we have generally suppuration of the ethmoid cells, but there are no cases on record where tubercular affections of this part have preceded a tubercular meningitis. Many pathologists, however, deny the existence of a primary tubercular meningitis; Prof. Chiari told me that in all his experience he had never seen a case. A number of clinical cases have been reported of primary tubercular ulceration of the larynx; these cases are rare; when, however, they do occur infection can proceed from here to the lungs and digestive tract.

For the past three years tuberculosis has been considered by most an infectious disease, and the pathogenic agent in the case of miltzbrand and other diseases having been discovered, active search began to be made for a bacterium here. Klebs, who above all others, possessed the happy faculty of finding germs wherever he sought them, was early in the field, and described an actively moving "monas tuberculosis;" Schüller and Aufrecht

soon followed, the latter describing two forms, one of which he regarded as the cause of tuberculosis and the other of phthisis. These discoveries, although causing some stir at first, were soon forgotten. They were not substantiated by other competent observers. Klebs, particularly, by his many publications over all manner of germs, publications which for the most part have never been substantiated, acquired the distrust of the profession, and his monas tuberculosis shared the same fate as his syphilis germ. This matter has been finally set at rest by a publication of Koch, in Berlin, over the ætiology of tuberculosis. His investigations here, as in all his preceding labors, were distinguished by so much care and exactness that his results, confirmed as they have been by subsequent observers, leave no room for doubt on the subject. Scarcely any publication in medicine has excited more generally the attention of the medical world; the paper has been translated and read in all tongues, and for me to give a detailed account of his work would be superfluous. Sufficient to say he finds a certain organism present in all tubercular processes, an organism definite in character, as shown not so much by its morphology as by its manner of growth. This organism he has isolated, has grown it just as the farmer grows his wheat; when one sowing comes to maturity he plants from this sowing another field (the field being represented by a test-tube filled with coagulated blood serum) and this replanting has been done in some experiments twelve times. Now having a number of animals living in the same habitation, eating the same food and being all under exactly the same conditions of life, he inoculates a certain number of them with the product of the last sowing. These become sick and die of tuberculosis; in the tubercular products are found organisms in all respects identical with

those he first started with. This he has done over and over again and always with the same result. This, I say, is proof, direct, positive, objective proof, that the organism is the cause of the disease; proof as positive as that the field of wheat is the result of the seed sown. Not only has he set at rest the question of the infectious nature of tuberculosis, but what was of especial importance, he has shown us under what conditions these germs grow, has shown us that they are true parasites growing only in the animal body, and that they usually escape from the body by means of the sputa. Since Koch's paper appeared numerous publications over the bacillus tuberculosis have followed, and in Germany all confirm fully the fact that this organism is always associated with tuberculosis, appearing both in the sputa and in the tubercles. Sternberg, in an article over the subject published in the *Medical News*, quotes an English author, Burney Yeo, who said he had never been able to find these forms, and Sternberg says that he himself has often missed them in the sputa. While working in the prosectorium of the Rudolf Hospital in Vienna, through the kindness of Prof. Chiari, and the director of the hospital, Prof. Boehm, I had ample opportunity of verifying Koch's work, both as to sputa and tissues. I examined from one ward in the hospital, with regard to the presence or absence of bacilli, thirty specimens of sputa, which were sent down to me simply with the bed numbers on the vessels. The specimens were from patients suffering from all forms of lung affection mostly tuberculosis. In three cases my report did not agree with the clinical diagnosis; the first of these was a case diagnosed as chronic bronchitis occurring in a young man of twenty-five who had rapidly lost flesh in the past five months. The sputa contained bacilli in large number. In the other two cases diagnosed as

tuberculosis I did not find them. One of these two cases afterwards died, and the only thing (in his body pointing to tuberculosis) were a few caseous and calcareous nodules in his lungs and calcified bronchial glands; what had led the clinician (an extremely careful and exact man) to make the diagnosis was the presence of bronchiectatic cavities in the right lung. A friend of mine, an army physician in Vienna, who has charge of a large military hospital there, told me he had found the bacillus in the sputa in about 95 per cent. of his tubercular patients, and in two cases had been able to differentiate between typhoid fever and acute military tuberculosis by their presence. Up to the present I know of no cases in which the urine has been examined for them in tuberculosis of the genito-urinary system, nor do I think the feces have been investigated in cases where the ilium contains ulcers. In all probability they will be found in both these cases. The number found in the sputa is very variable; sometimes the field will be covered with them, sometimes not more than three or four will be found on a whole cover slip. The difficulties attending their recognition when so few are present, no doubt will account for the fact that some have had bad results in finding them. So far as my experience enables me to judge, their quantity in the sputa stands in no exact ratio to the extent of the disease in the lung.

One of the arguments most generally used against the infectious theory of tuberculosis is the fact that tuberculosis is essentially an inherited disease. Now the actual inheritance of tuberculosis is very questionable; some few cases have been reported of children being born with tuberculosis, but such cases are extremely rare. Even assuming this direct inheritance to be a fact does that in itself speak against infection? Few will deny that syphilis is an infectious disease, and



certainly we have inheritance here. Tuberculosis is connected with inheritance; to deny this would be to deny what is deeply rooted in the belief of all men, both the profession and the laity. Some of the German pathologists deny that inheritance has anything to do with the matter, and say that it is only seemingly so because a better opportunity is given for infection when one member of a family is tubercular. But this cannot explain it; there are too many cases known in which the children of a family all separated before any of them were affected and then living apart from one another in different parts of the country have all died of tuberculosis. To explain this we can only assume that some men are especially predisposed to tuberculosis, that their tissues are wanting in physiological resistance towards this particular virus, and that this it is that is inherited. There is no fact in medicine better established than that men differ in their susceptibility towards various diseases, and not only do individuals differ but families. There may be some difference, either chemical or other, in their tissues, a difference so subtle that we have no means of determining it, which may raise or lower the physiological resistance of the tissues towards certain diseases; this certainly in the case of tuberculosis is inherited. We must remember that the farmer must have two factors to produce a crop, not only the seed to sow but the ground must be prepared to receive that seed.

Now, gentlemen, one word more. I have heard so often the question asked, what, after all, is the good of this discovery of Koch's, that I feel now is a good opportunity to answer it. Such questions will always be asked; in all probability when Harvey discovered the circulation of the blood many *practical* people doubted that any *practical* good could be derived from it. But I can answer. Real

practical good comes from Koch's paper. One thing, it has given us in the microscopical proof of the bacillus in the sputa, an objective sign in the diagnosis of disease that is certain. I think from our present state of information on this subject that we can say while the absence of the bacillus in the sputa is no certain proof of the absence of the disease, its presence is conclusive. Its chief practical value will be found in the advance it will make in prophylaxis. It will teach us to isolate the tubercular patients in hospitals, to forbid as far as possible the marriage, and especially intermarriage, of tubercular people, to be careful to destroy the virus that dwells in all egesta, to make laws prohibiting the sale of milk from tubercular cows, and the time may come when tuberculosis will not only be a *preventable* but a *prevented* disease.

### IODOFORM IN PURULENT OPHTHALMIA.

BY HERBERT HARLAN, M. D.,

Lecturer on Ophthalmic Surgery and Assistant Surgeon at Presbyterian Eye and Ear Hospital, Assistant Demonstrator of Anatomy, University of Maryland.

(Read before Clin. Soc. of Md., Oct. 20th, 1882).

CASE I.—John A., mulatto laborer, æt. 45, came to the hospital with purulent conjunctivitis of right eye, with which he had been suffering for four days. When first seen the lids were red and much swollen, with thick creamy discharge oozing from between them. Pain and photophobia were intense.

The patient admitted gonorrhœa, which he said was being satisfactorily treated by another doctor. A careful examination showed the cornea to be not yet involved, though the mucous membrane projected over its edges.

A diagnosis of gonorrhœal ophthalmia was made and a five-grain solution of nitrate of silver was dropped

into the eye after a careful cleansing with tepid water, the lids being held apart by an assistant. He was ordered to keep the eye perfectly clean by hourly washings, and was given a boracic acid solution to use at home after each washing.

This treatment was continued for two days, when an ulcer of about a line in diameter was detected about a line from the lower margin of the cornea. This it was thought advisable to perforate, and the aqueous escaping great relief was afforded the patient.

The same treatment was kept up one day longer, the silver solution being used once daily when he came to the hospital, and there being no marked improvement it was decided to try atropia and iodoform. A four-grain solution of the former was dropped into the eye and the finely powdered iodoform freely dusted over the eyeball and inner surfaces of the swollen lids. The boracic acid wash at home was changed to one of borax.

The next day the swelling and discharge were both lessened, and from this time the eye went on to rapid recovery. On beginning the iodoform the pain entirely ceased.

At the end of ten days the patient was practically well, having only a slight congestion of the conjunctiva, a small opacity of the size of the head of a pin at the seat of the ulcer to which the iris was slightly adherent, and a pupil, the mobility of which was very little interfered with. Sight in the eye was good.

CASE II.—A German child, *æt.* 10, was led in by her mother, having eyes covered with thick handkerchief and head bent down to exclude as much light as possible. An examination was made with difficulty owing to the excessive photophobia. The corneæ were found clear, and the discharge, while distinctly purulent and more abundant than in the other cases, was of a lighter color and not so thick.

In this case, as in the first, nitrate of silver was used for two days at the hospital, and a solution of borax ordered, to be used at home after each washing of the eyes, the washings to be sufficiently frequent to keep the eyes absolutely clean.

On the third day there being no improvement the treatment was changed to atropia and iodoform. The following day the mother reported the relief as so great that on going home the child had fallen asleep and had not awakened till the following morning. She had not thought it necessary to awaken her to clean the eyes. It was probably owing to this neglect—repeated in spite of warning for two days—that the discharge continued nearly as at first, until the fifth day, when my directions as to cleanliness having been carried out, there was very great improvement, and in a few days more the discharge had entirely ceased. In this case, however, the photophobia continued for four or five days longer, and was finally satisfactorily treated with eserine.

CASE III.—A. B., *æt.* 6, a healthy child of Irish parents, when first seen had profuse purulent discharge from both eyes. On examination under bromide of ethyl the corneæ were found perfectly clear, and the orbital conjunctiva, though much inflamed, less so than that of the lids, where the villi were hypertrophied and secreting pus in large quantities, and at the same time from their swollen condition were exerting considerable pressure on the eyeball and giving rise to much of the pain. On this account external canthotomy was decided on and immediately practiced, and atropia and iodoform used daily with the borax drops at home. In three or four days the discharge had ceased, and from this time only the borax drops were used.

The first two of these cases would seem to indicate a superiority of the



iodoform and atropia treatment to that with nitrate of silver and boracic acid. The third case was the most satisfactory one and only atropia and iodoform were used, but in this I think much of the good is to be attributed to the canthotomy, and here I may take the opportunity of saying a word in favor of this operation in similar cases. It is one of the most simple of all eye operations, requiring but a single cut with a pair of blunt-pointed scissors. The bleeding which follows—and should be encouraged rather than checked—gives great relief as a local depletion, the lessening of the pressure from the swollen lids gives greater relief, and the incision heals rapidly and surely without interference of the surgeon.

Iodoform at present is one of the fashionable drugs, and to glance over the journals one might almost think it a panacea. Internally its praises have been vaunted as a sure cure for malaria and for phthisis, and externally it has been applied in every conceivable way to every conceivable lesion.

Its use is not new in eye troubles, and I presume many others, some probably in this society, have used it in purulent ophthalmia. Theoretically it ought to give good results in these cases, and practically it seems to do so. I simply present the cases for what they are worth.

Since writing the above paper, Mr. President, I have seen a reference to an article on this very subject by W. J. Milles, in the Royal London Ophthalmic Hospital Reports for August, 1882, in which, after a more extensive experience, he comes to about the same conclusions at which I have arrived.

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DR. OLIVER WENDELL HOLMES has tendered his resignation as Parkman professor of anatomy in the medical school of Harvard University.

## CORRESPONDENCE.

VIENNA, Oct. 2, 1882.

*To the Editors of the Md. Med. Journ.*

The regular winter work will not begin for two weeks, but most of the assistants in the hospital have private courses and they are excellent. With the same material as the professors they can afford to give more time to the student, and the consequence is they are very popular. Chiari has left us. He went with the good wishes of everyone, and leaves a place here which it will be hard to fill. Already some of the students are talking of following him to Prag. One of the last post-mortems he made was that of a young girl, æt. 19, who died of trichinosis. She came to Vienna ten days before death, from Neuketterhof, North Austria. The clinical history was on entering: Pains in lower and upper extremities, which were constantly changing place, temperature a little above normal, pulse 102, tongue covered. Apex right lung respiratory sound weak, abdominal wall tense, stomach distended.

Later on diarrhœa set in, and the left knee-joint and wrist were swollen. The hand became œdematous, temp. kept up, pulse fast and weak. After a few days both feet became œdematous, which gradually crept up to the knees and both jaws caused great pain. The pains increased everywhere and gradually the patient sank, complaining of intense weariness, until upon the tenth day she died. The diagnosis was uncertain though among other things trichinosis was mentioned. Acute rheumatism, however, was looked upon as the most probable disease. The post-mortem showed absolutely nothing which the eye could detect as the cause of death. It was only after a most thorough search which disclosed nothing, that the microscope was resorted to and cleared up the mystery. Everywhere trichinæ

were found excepting in the heart and skin. The intestinal fluid was full of the "mother-trichinæ," which were still alive, so that one of us assisted at the birth of a number of little ones while looking through the microscope. In all, thirty-one muscles were examined, and in all of them there were innumerable quantities of so-called "daughter-trichinæ" still alive and moving. By warming the slide and giving them a dose of a weak solution of caustic potash they became very lively, curling up and stretching out like snakes.

To the naked eye the muscles appeared quite normal with the exception of being unusually pale. An interesting point in the history of the case was the fact that the girl had not eaten any pork, but had lived on horse flesh and raw liver. The last is not an unusual dish made up into sausage. Authorities have said the horse was not subject to trichinosis. Unless the liver is to blame in this case the horse can no longer be exempted from this horrible disease. Among the poor classes on the continent horse flesh is a very common food. I have heard it said that they get no other kind of beef.

It is rather a commentary on the morals of this city to read the birth-list every week. Out of nearly five hundred births two hundred and twenty to forty are illegitimate. It is said a woman would rather have an illegitimate child than none at all. This, however, is only said because sterility is looked upon as a disgrace. There are a great many reasons why so many children are born out of wedlock. The soldiers who serve three years are not allowed to marry. Officers cannot marry under thirty unless they show the government that they possess at least twenty-four thousand florins; over thirty they need only have twelve thousand. It makes no difference to the government which has the money, the man or woman;

they must, however, prove they have it between them. Thus a rich girl has a greater chance of marrying an officer than a poor one. As the officers cannot get married they usually keep mistresses, and often have families by them. Frequently it happens after living with their mistresses for years, and by saving, they at last get married to them. Sometimes the children, after their parents have been living as man and wife for years, put together enough money to enable them to get married. The older officers are as true to their mistresses as to their wives, and they live together as happily—their one desire being that before they die they may at last get married. Often they leave the service to go into some more lucrative profession to better support their families and to marry their children's mother. Such a mistress is no common woman. She gives up her life to the man she loves, and they both understand perfectly it is only money which prevents a legal marriage.

It is through the army the number of illegitimate births is so great. The government recognizing it as a necessary evil takes fatherly care of the little unfortunates. Just above me, on Alser Street, there is a foundling hospital. Every morning at a certain hour a number of peasant women appear before the door, and each receives a small bundle, in the shape of a baby, to take care of. They receive eight florins a month for their service. It seems to be a very popular business, for there are always plenty to take charge of the children. It was once suggested to the Emperor to open a hospital for fallen women as was done in London. He is said to have replied that he had not money enough to roof over the whole of Vienna.

In such a place there is a great deal of syphilis, of course, and it is a subject which calls for more and more notice from every government. It is satisfactory to see that with us, too, in America, it is beginning to be



written and spoken of. The evil is there and can no longer be hidden. What the remedy is no one has found out, but that something ought to and will be done to prevent its spread all acknowledge. I am not one of those who think the woman is entirely to blame. The quarantine must include the diseased man as well. In such cases we have not to leave it to a man's conscience whether he will spread the disease or not; he must be *forced* by law, as well as the woman, to understand the nature of his disease. No great good, however, will come of laws for the prevention of the spread of diseases until all governments agree upon them. The intercourse between nations is so easy it would be impossible for one to stamp out a disease without assistance from the others. The disease is spread in a great number of cases through ignorance, and it will be necessary to teach every one the danger he runs in every-day life. Here in Vienna no one drinks a glass of beer without first wiping off the edge of the glass. It is an acknowledged source of contagion. Such a disease forces itself upon public notice and should be thoroughly ventilated so that the most ignorant may know something of its nature as they do of other infectious diseases.

Dr. Heitler, Docent in Vienna, who first called the attention of the profession particularly to acute dilatation of the heart, in a paper lately published, is preparing a much more elaborate one in which he will go more especially into the literature of the subject. Frequently before his hearers he will demonstrate a case of acute dilatation which in a few minutes has almost entirely disappeared. According to the length of duration of the dilatation is the prognosis favorable or not. He has never seen a case follow simple fatigue or excessive exercise; it is most frequent during the fevers such as typhoid. It happens in pneumonia, Bright's disease, chlorosis, anæmia and also

when there is chronic dilatation with valvular insufficiency and hypertrophy. The sudden dilatation may occur many times in the same individual, and sometimes it lasts for several hours with the gravest symptoms. Digitalis, which Dr. Heitler calls a heart tonic and rest with quick and sharp percussion over the heart, he recommends in the treatment. It is to be hoped this suggestion of Dr. H.'s will be thoroughly worked up since many symptoms may thus be explained which have puzzled even the best auscultators.

Cholera is on its way from Russia, and the board of health is taking precautionary measures already. Vienna is a very clean city as to its streets. They are swept and garnished in the most thorough manner, but the sewage is hard to manage. The sewers open upon the streets every few rods, and according to the direction of the wind are they odoriferous or not. What makes it, however, such an unhealthy place is principally its climate and the crowded state of its houses.

Prof. R——, of Würzburg, related an interesting case the other day while speaking of the gonococci (micrococci of gonorrhœa). Wishing to test their power of infection he introduced some gonorrhœal fluid containing them into the urethra of a man dying of paraplegia. After death they were found not only in the urethra but in the bladder, the ureters and the kidneys. The one who made the post-mortem could not understand the condition of the organs until it was explained to him what had been done.

Dr. Birch Hirschfeld, in Dresden, has just written a paper describing bacteria which he found in syphilitic gummata. They resemble closely the bacilli of tubercle. Up to the present time Dr. B. is the only one who has seen them. So many have described syphilitic bacteria it will require a thorough investigation before much faith will be put in them.

Neumann is getting out some new skin plates. They promise to be excellent. Kaposi has already finished his plates on syphilis. They are very good and not expensive. Hebra's plates should be republished in some cheaper form. They are beyond the reach of most pockets and can only be bought second-hand.

Iodoform is not used as much in the syphilitic wards as in the surgical. In the former it is used hypodermically in an æthereal solution. It does not cause abscesses if introduced properly into the subcutaneous tissue, but is sure to if introduced into the muscles or true skin. It is given when patients cannot take mercury or iodide of potash, and is a most faithful ally of each. The injections are made morning and evening, usually in the back, and they cause at first sharp pain which, however, is soon over. It is not as prompt in its action but is nevertheless quite sure, so that now we have something to fall back upon when the other two must be thrown aside. Nothing has yet been found to cover its odor. A patient said the other day he could not use it as a wash any more. When urged to tell why not he said wherever he went every one sniffed him out, and pointed at him and whispered he had "got it." The iodoform prescription was changed. It is known to be used so much as a wash in venereal disease the laity guess what it means when they smell it.

Not long since a little child under six years of age was shown at the syphilitic clinic with a typical chancre on his prepuce. The history of how he came by it was not given. It is well authenticated that babies sometimes get a chancre after circumcision according to the Jewish rite. This little boy, however, had never been circumcised, and was quite large for his age. He is now going through the regular stages of syphilis.

R. B. M.

## SOCIETY REPORTS.

### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD OCT. 17, 1882.

JAS. CAREY THOMAS, M. D., President, in the Chair.

(Specially reported for the Maryland Med. Journ.)

**FIBROID TUMOR OF UTERUS.—POST PARTUM HEMORRHAGE CHECKED BY SCRAPING THE PLACENTAL SITE WITH THE FINGER NAILS.—Dr. H. P. C. Wilson** reported the following cases:

1. A fibroid tumor, sessile, the size of a black walnut, occupying the cavity of the uterus, attached to fundus. The patient had been more or less an invalid for ten years; for three or four years she had suffered from hemorrhage. She was aged 42, the mother of three children, the youngest 7 years old. Had been married 18 years. Twelve years ago she had been under the care of Dr. Atlee for uterine trouble, with excessive leucorrhœa, etc. Dr. Wilson put in a laminaria tent one day, and the next day a sponge tent covered with gold-beater's skin, the form in which he always uses it. On the second day, under chloroform, he could pass in his finger, and by having an assistant press with force upon the abdomen, could detect the fibroid in the fundus. Having no room for operation he put in his uterine dilators and stretched the cervix. Then passing in his bull-dog forceps along his finger and pulling the tumor down he was able, with Thomas' scoop to remove it entirely.

2. A Case of Post-partum Hemorrhage. The patient had suffered from this cause in three confinements, her life each time being in a most perilous condition. Upon the first occasion he gave chloroform and delivered with forceps. The second time, which was the 15th of last December, he gave very little chloroform. She was not unconscious, and instruments were not used. The child was delivered easily but the after-birth had to be removed by introducing the hand into the uterus. An almost incredible amount of ergot had to be given by the mouth and rectum; none was given by subcutaneous injection, as a hyperdermatic syringe



happened not to be at hand. A number of times the uterus relaxed and the patient came within an ace of perishing. He finally succeeded by introducing a Davidson's syringe and injecting very hot water to the fundus. She subsequently had a milk leg, but recovered perfectly.

Yesterday she was seven months gone in her third pregnancy. On rising, without effort she had a large gush of waters. She was delivered naturally at 2 A. M. last night. Yesterday morning, knowing the child couldn't live, he put her on ten drops of Squibb's Fluid Extract of Ergot, every three or four hours, and on the slightest evidence of effect of this the quantity was reduced to five drops. No chloroform was given, and she got through her confinement all right. One drachm of ergot was given after the expulsion of the head. The uterus contracted well and the placenta was expelled, contrary to the rule, without any manipulation. After the placenta came away forty minims of Squibb's ergot were given. A few moments afterwards she complained of sick stomach; on introducing his hand he found the vagina and uterus filled with clotted blood. The hand was expelled by the uterus. Seven hypodermatic syringes (forty minims each) were given. Some slight effect was manifest but nothing decided. The uterus contracted for a time then relaxed. He had gone prepared on account of his previous experience of the case, and now applied a galvanic battery, passing one probe to the fundus, and placing the other over the abdominal wall. The application was continued until the uterus contracted. The electricity acted well, but again there was relaxation. Then with a Davidson's syringe he pumped hot water to the fundus. She complained of a great deal of pain and the uterus contracted firmly. He kept the nozzle in the fundus, being afraid to remove it, and pumped in two or three gallons of very hot water. She was then put back in bed, being very faint with blue lips. He thought she would die. Again the uterus relaxed. He gave hypodermatic injections of brandy. He could only get in two fingers into the uterus. With these he raked the whole placental surface of the

uterine cavity with his nails, in the manner spoken of in his paper upon this subject. This stopped the hemorrhage; not a tablespoonful of blood has been lost since. She is very feeble and can only take a small quantity of nourishment at a time. This was the worst and most uncontrollable hemorrhage he had ever seen.

*Dr. Chew.*—Nine days ago was called at 3 A. M. to a lady who had had a sudden labor pain, by which her fifth child had been expelled before she could get to bed. He remarked to the nurse that he had never seen a drier labor. He was about to leave when the patient said she "felt a flow" and there was a great gush of blood. Some old ergot was at hand, of which a drachm was given, and fresh ergot was sent for. He kneaded the uterus, and applied ice externally and also to the fundus uteri. He gave two hypodermatic injections of fresh ergot, one in the arm and one in the thigh. After ten minutes from the time of using the ergot there was no further large flow of blood.

In these cases of sudden delivery the uterus is apt to exhaust itself, in consequence of which hemorrhage occurs.

*Dr. Wilson,* in answer to a question, said that he explained the effect of the method recommended by him, first, by its acting as a much more violent manipulator, exciting violently to contraction; second, by its converting the placental surface into a more complete lacerated wound than is left by the natural separation of the placenta. He would discard any treatment which would produce a clot of blood in the uterus. Penrose extols vinegar, but he would not use any such agents.

*Dr. Chew* said the physiological contraction of the uterus was the only proper method of checking post-partum hemorrhage.

*The President* said that in post-partum hemorrhage Dr. C. Winslow, who had had a very large experience as an obstetrician, had used with great success turpentine, which he had introduced into the cavity of the flaccid uterus upon a sponge. He believed that it produced the firmest clot and for that reason was a most valuable agent.

*Dr. Chisolm* had had very little experience in the hemorrhage following labor, but as a surgeon he knew the value of hemostatics and would consider turpentine as the very best application in a relaxed uterus. Its action would not be similar to perchloric iron checking hemorrhage by causing blood clots. It did not belong to the order of chemical styptics coagulating albumen as the animal and vegetable astringents would, viz: tannin, alum, iron, etc. Turpentine was classified as a vital styptic acting on the living nerves and blood vessels, causing in a marked degree the irritation needful to produce contraction in the muscular coats of the blood vessels and the consequent closure of the open mouths of the bleeding vessels. Its great attractiveness is that it produces *no blood clotting*. It leaves a firmly contracted, clean uterus with antiseptic dressing to the raw surface, from which the placenta has been detached. As a hemostatic in post-partum hemorrhage he would think that turpentine should be placed at the very head of the list.

SPECIMEN SHOWING FATAL SPHACELATION OF SMALL INTESTINE BY A FIBROUS BAND SURROUNDING THE ILEUM.—*The President* exhibited a specimen of a portion of the ileum of a boy two years and six months old, perfectly healthy and well developed previous to his illness. During the summer he had a slight indigestion; a little calomel was given which acted once, but the bowels never acted afterwards. Water injected was returned and death ensued about the seventh day. He retained food and sensibility to the last. On *post-mortem*, the small intestine was found enormously distended; the colon lay empty and flat behind against the spine. One inch above the junction of the ileum and cæcum, a band of fibrous tissue bound down the intestine as though it were tied with a ligature. This band or loop seemed to have been an abnormality which had existed before. There was no peritoneal trouble at all. No vomiting. Death was gradual. When the enema was introduced, the child was inverted. Sphacelation had occurred at the point of stricture. The bowel was not ruptured, but was on the point of

doing so, and so thin that rupture took place during the manipulation consequent upon the *post-mortem*.

CONICAL CORNEA.—*Dr. Chisolm* reported a case of conical cornea which he had operated upon some months since by a new method. The gentleman had reported to him in person to-day and had exhibited such improvement as to induce him to bring the method used before the Academy. Two years since, he had suggested the use of the actual cautery to the relief of this distressing condition, in which, on account of the bulging of the cornea, useful sight was finally lost, although the eye exhibited unusual brilliancy. In the case referred to, in order to shrink the cornea back to its normal curvature, he had perforated it with a red hot needle. Very little irritation followed, and such marked improvement came from it that a few days afterwards he was induced to use a much larger hot needle in the second eye. This large opening in the centre of the cornea induced much ciliary irritation, which, under treatment, quieted down leaving a very useful eye.

In another case occurring more recently, the actual cautery had been used for the reduction of an excessively conical cornea. The eye was perforated towards the centre by means of a very large needle heated to pink hue in an alcoholic lamp. The puncture was followed by a forcible jet of fluid. The anterior chamber continued to empty for twenty-four hours. For two or three days, consecutively, he passed in a needle so as to keep the opening patent. But little irritation followed. After an interval of five or six months, the patient returns to-day being able to read at 15 feet what he ought to read at 200. The results are very marked, as before the operation he could not count fingers. He uses eserine to contract the pupil and allow only the central rays to enter the eye.

GAPES IN CHICKENS; ITS RELATION TO DIPHTHERIA.—*Dr. Conrad* presented the larynx and trachea of a chicken five weeks old which had died with the gapes. He demonstrated the presence within the upper air passage of a fibrinous exudation, which he thought was of a diphtheritic character, and he



suggested a relationship between the disease and diphtheria. He was still investigating the subject. As a general rule when the exudation does not extend below the larynx, on removing it with a horse-hair the chicken recovers.

MISCELLANEOUS.—*The President* reported a case of cancer involving the pylorus and omentum.

*Dr. Chew* gave a detailed account of the last illness of the late Dr. E. Cleveland Cox, of Baltimore, whose death was due to Bright's disease of the kidneys.

TREATMENT OF DIPHThERIA ESPECIALLY BY CORROSIVE SUBLIMATE.—*Dr. McSherry* said he had been using corrosive sublimate in this disease for some years. *Dr. Pepper*, of Philadelphia, had advocated it as novel, but it was not so to him. Thinks he was first induced to use it from a consideration of its marvelous effects in specific sore throat. Has been in the habit of giving one thirty second grain doses, in combination with the tincture of chloride of iron and chlorate of potash. He read a letter from Dr. George W. Le Cato, of Locust Mount, Accomac Co., Va., in which the following plan of treating diphtheria was recommended: "The bowels being thoroughly evacuated by a mild purgative (generally mercurial) the treatment is to be continued with the following prescriptions:  $\mathcal{R}$ . Quin. sulphat., gr. ii-iv. S. One dose for an adult;  $\mathcal{R}$ . Potass. chlorat., gr. x. tinct. ferri chloridi, gtt. xv; sacch. alb. q. s.; aquæ f $\frac{3}{4}$  ss S. To be diluted with two or three table-spoonsful of water when administered; the above prescription to be *steadily and regularly alternated every two hours, day and night, until the fever subsides and convalescence begins*, when the quinine can be omitted or the interval lengthened. In addition to the above, liquid concentrated nourishment to be systematically given and alcoholic stimulation according to indications, remembering the peculiarly insidious nature of the disease. My brother insisted upon a mild local treatment, which I entirely ignored, except in cases of laryngeal complication, when I have resorted to the inhalation of lime-water vapor. With some careful attention to ventilation this has made up the entire management." *Dr. Le Cato* states

that he has had a uniformly successful experience of 18 years with the above, and that in no case has the treatment failed to arrest the symptoms except in two instances, where the disease had gone on unchecked until the patients were moribund from tracheal obstruction. "These well-known remedies have been only uniformly efficient in the particular combinations and doses referred to." \* \* \* "Cases that had resisted the same remedies in other doses and combinations beginning at once to improve when brought under the special treatment referred to." *Dr. Le Cato* declares that he has scarcely less faith in the above treatment as a specific for diphtheria than he has in the antiperiodic effects of quinia as a remedy for malarial diseases.

*Dr. McSherry* continued: Nearly all authorities use remedies calculated to destroy low organisms, which are always present in every bad case of diphtheria and which he believes take an important part in the history of the disease. Speaking from memory only, and without being dogmatic, he would say that he had not lost a case for ten years which he had treated from the beginning.

*Dr. Powell*, in reply to a suggestion of a possible protective influence of alcohol against the special cause of diphtheria, said he knew of a case of a man who has been drunk for four months and yet has contracted diphtheria. A physician in a neighboring city asserts that he has not lost a case of diphtheria in 15 years. *Dr. Powell* had not found anything better in causing a removal of the diphtheritic membrane than the following gargle:  $\mathcal{R}$ . Hydrat. chloral, 3i; aquæ,  $\frac{3}{4}$  iv.

## BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD OCT. 9TH, 1882.

CHRISTOPHER JOHNSTON, M. D.,  
President, in the Chair.

(Specially reported for Md. Med. Journal).

The first meeting of the session of 1882-83 was called to order at the usual hour, 19 members being present. After the dispatch of routine business, *Dr. Erich* exhibited a SPECIMEN OF CAR-

**CINOMATOUS MAMMA.**—The disease was in an advanced stage and only palliation was aimed at. He considered that he had prolonged the patient's life for about six months and saved her immense suffering. Carbolyzed oil and elastic pressure were employed in the subsequent treatment. The importance of elastic pressure was dwelt upon; it prevents pocketing of pus and promotes union by first intention.

*Dr. Conrad* referred to a case in which the heirs of a lady had recovered \$10,000 damages on account of a cancer alleged to have been caused by injury received in getting off a car.

*Dr. Erich* doubted if such an injury would produce cancer but thought prolonged irritation might, and referred to a case in which the irritation of a wart led to malignant disease.

**DIPHThERITIC LARYNGITIS CURED BY SLACKING LIME.**—*Dr. H. F. Hill* reported a case in which a woman with diptheritic laryngitis recovered under the persistent inhalation of slacking lime under canvas for five days. Improvement was manifested from the second day. It was one of the worst cases he had ever seen. He dwelt on the importance of procuring the *stone* lime, since much of that sold was already partly slacked and hence unsuited for use.

**CAPSULES OF QUININE PASSED PER ANUM UNDISSOLVED.**—*Dr. Gibbons* presented some ovoidal masses passed by a child. He had ordered fifteen capsules of quinine, to which a little sulphuric acid was added; these were all taken, but without the characteristic effects of the remedy following. Shortly after, they were passed in the stools, with only the gelatine capsule dissolved.

**PSYCHOLOGY OF SUICIDE.**—*Dr. Conrad* read a paper on this subject, the conclusions of which were. 1. That suicide is always done in the hope of securing an individual benefit or avoiding a personal evil. 2. That the act is an intellectual act in the full consciousness of the act and with a full knowledge of the result of its consequences, whether the *felo de se* be sane or insane. 3. That the act is an emotional expression of the brain and nervous system, a morbid outcome of diseased action,

*Dr. King* spoke of epidemic suicide, and referred to a garrison in which several cases occurred.

*Dr. Conrad* said the fact that suicide may occur epidemically is well known. It occurred in Napoleon's army and was only checked by declaring it cowardice. The ancestral element is the predisposing; there is also an exciting element.

## EDITORIAL.

**THE HEALTH ORDINANCE.**—It is probable that no more important legislation bearing upon questions of health in this State has ever been adopted than the ordinance which was passed by the City Council of Baltimore, on the 17th of October, and approved by Mayor Whyte on the 24th. The powers conferred by it upon the Health Commissioner—the chief medical officer of the city—are arbitrary in the extreme, and such as only the clearest considerations of public interest and safety can justify. In fact the extent of the authority granted renders it exceedingly doubtful whether it will or can be enforced in all its details. We already have a law relating to the registration of births, with penalties imposed for its neglect or violation, and yet it is notorious that it is ignored every day, and yet the Health Department has confessed its inability to enforce its provisions. Will another fare better which is far more sweeping in its encroachments upon individual liberty and convenience? For instance, will public sentiment submit to the removal of inhabitants of infected dwellings to more salubrious structures; to the removal of the sick to temporary hospitals; to enforcement of vaccination whenever the Health Commissioner may deem it necessary; to the report of cases of infectious diseases? An unscrupulous official in possession of such powers would be a dangerous element in any community. Fortunately for us the will of the citizens soon makes itself felt when occasion demands and generally proves a sufficient safeguard against official corruption and excess.

Even with the best intentions and the most intelligent zeal, the difficulties con-



nected with the enforcement of the ordinance will be very great and will demand much judgment, forbearance, and tact of the officer whose duty it is to see to its execution. The hearty co-operation of the profession is essential in this work, and it is highly desirable that the relations existing between the executive officer and his colleagues should be of the closest and most friendly character. It is much to be regretted, therefore, that the present head of the Health Department has not entered more into the aims and spirit of his colleagues and is not more identified with them in their associated work.

**NOTIFICATION OF INFECTIOUS DISEASES.**—One clause of the new health ordinance "requires every physician to report in writing to the commissioner of health the name and dwelling of each person having small-pox, cholera, yellow fever, diphtheria, scarlet fever, varioloid, *within twenty-four hours after the first visit*; also within the same time the death of any patient of contagious or infectious disease. Keepers, owners and clerks of hotels and boarding-houses, and owners of all tenement houses or private residences or dwellings, chief officers of all public and private institutions in the city, and masters, chief officers or consignees of vessels within one-fourth of a mile of the city are also required to report any contagious disease in their respective houses or vessels."

That the public interests demand that the occurrence of infectious diseases should be made known to the health authorities at the earliest possible moment after their appearance, is a thing which requires no argument, but much difference of opinion may be expected as to the proper mode in which it should be done. There are three methods which suggest themselves; they are, first, notification by the attending physician; second, by the householder; and third, by both of these. Of the first, it may be said that the physician alone is capable of pronouncing the nature of a disease with certainty, and it is peculiarly appropriate that such a service should devolve upon him. To this it might be answered, that it is true that the physi-

cian is the servitor of the health of the inhabitants, but at the same time he should be compensated for his services; that he is here called upon to render extra service, which requires time and trouble, and that the government has no right to demand of him more than it demands of other citizens, for it is as a *citizen* and not as a professional man that the State can call upon him to render service. Again it might be claimed that his relations to his patients are confidential, and he has no right to betray them even at the command of the State. That he is not in the employ of the State but of his patient, and his connection with the latter is in the character of a private transaction in which the government has no right to interfere. That such a mode compels him to become the private detective of the government, to the detriment of his patients' interests and his own. Some even go so far as to say that in such an event the physician would not be called in to many a household where infectious disease prevailed on account of the exposure and the consequent inconveniences which his attendance would necessitate, and that, therefore, he would meet with pecuniary loss by the falling off of his practice.

If the notification remained voluntary with the attendant, it could not be expected for the reasons above stated to be given; by its being compulsory, it would, at least to a certain extent, take the onus off the physician, because he would be only doing that which the law compelled. But if it must be compulsory upon the physician, the joint notification is much to be preferred, since then he would be sharing it with the householder, and the odium to which he might otherwise be exposed would be diminished proportionately with the responsibility. There are good grounds, however, for holding that the duty of notification should rest with the householder *alone*. It is upon his premises that the evil, which is the possible source of danger to his neighbors and the community, exists, and as a good citizen it devolves upon him to do all in his power to guard against its spread. The physician becomes only cognizant of it by accident as it were, in the course of his

business avocations. The householder learns from the medical attendant the nature of the disease as soon as it has become sufficiently developed to speak with certainty, and then communicates the fact to the authorities. Such information no physician would object to giving since it is a part of the duty which he owes his patient, and for which he can feel that he will be compensated. Even a written statement would not be refused under such circumstances. It is evident that this gives an entirely new phase to the whole subject, and it removes one of the most objectionable features of the ordinance, which is the onus of the penalty.

THE ENGLISH SENTIMENT ON THE SUBJECT.—This question has recently been thoroughly ventilated in England, and it is interesting to learn the views of our British brethren upon it. That the principle of notification by the medical man meets with much opposition is evident from various facts. Petitions against it have been drawn up for presentation to Parliament; one in Liverpool received 260 signatures of physicians; another in Dublin received 400 to 500 signatures. Statistics have even been presented to the British Medical Association to show that where the law is in operation concealment has been extensively practised, and the death-rate has been increased rather than diminished. And even allowing for the newness of the law, and the unaccustomed inconveniences which it imposes, this fact has sufficient weight to justify the association in withdrawing its sanction "from a principle which has seemed so little fruitful in hoped-for results hitherto, and to fall back on the only one remaining open for adoption, viz: that of imposing compulsion on the householder."—(*Brit. Med. Journ.*, Oct. 7, p. 710). In Edinburgh, it is said the system has worked well for four years and has not met with opposition, and the health officer claims to have aborted no less than eight outbreaks of small-pox by the prompt intimation of the medical attendant and the removal of the patients to a hospital. But the system pursued in Edinburgh is very liberal, and the health officer is a man of great tact and on the very best

terms with the profession. *Half a crown is paid for each intimation*, with the distinct understanding that it is considered not in the light of a fee but "as a simple acknowledgement of service rendered to the public at large." Moreover, at the bottom of the printed form of intimation are the words "No immediate attention required," and a certificate sent in with these words intact insures against interference on the part of the health department; on the other hand, on erasure of the "no," an inspector calls and takes all necessary steps in connection with the case. To this arrangement Dr. Littlejohn especially attributes the success of the act in Edinburgh.

The dual notification of our ordinance is doubtless derived from the bill framed by Mr. Hastings, M. P., and introduced at the last session of the British Parliament but not favorably received.

This subject is of so much importance that we will resume its consideration in our next issue, and point out the faults of the present ordinance, and at the same time draw attention to the strange neglect of the profession in this city to take cognizance of legislative proceedings that so closely concern it.

OPENING OF THE SOCIETY SEASON.—Nothing conduces more to the success of any undertaking than to get a good start. It impresses favorably not only outsiders but also those who are particularly concerned. Everyone knows the sense of satisfaction and the inspiring effect of beginning the day's work well. A good beginning makes life's labors easier and contributes ever so much to contentment and success, whereas the errors of faulty inception are felt long afterwards, and are often retrieved with exceeding difficulty. Collection of individuals seem to be amenable to the same laws as the elements of which they are composed. Hence it is encouraging for the prospects of our winter society season to know that the opening exercises of our societies have given reasonable promise of a prosperous session. In the Academy of Medicine the subject of diphtheria was introduced by Dr. McSherry, who advanced the claims of corrosive sublimate to recognition as an important therapeutic auxiliary in the



management of this much-discussed disease. In the Clinical, the first evening was devoted to the annual reports of officers and to the election of new officers. The special attraction of the second meeting was the able presentation by Dr. Wm. T. Councilman of the grounds for a belief in the infectiousness of tuberculosis—a theme upon which he is amply qualified by personal experience and study to speak. His able paper, presented elsewhere in this number, was illustrated by microscopic specimens of bacilli from the sputa of tuberculous patients. At the Medical Association the subject of discussion was "The Psychology of Suicide," which brought forth the views of Dr. Conrad, a specialist in this field. We regret that we are only able to present his conclusions. Now that the work has fairly begun, we hope that all the working men in the profession in this city will co-operate in keeping it up to a healthy standard. What we need especially is original observations and experience. Opportunities are not so much wanting with us as men who can do their own thinking and carry on scientific researches without a slavish dependence upon authorities.

### REVIEWS, BOOKS & PAMPHLETS.

*A System of Surgery, Pathological, Diagnostic, Therapeutic and Operative.* By SAMUEL D. GROSS, M. D., L. L. D., D. C. L. Oxon., L. L. D. Cantab., Emeritus Professor of Surgery in the Jefferson Medical College. Sixth Edition. Thoroughly revised and greatly improved. In two volumes. Henry C. Lea's Son & Co. Philadelphia: 1882.

The first edition of this great work was issued in 1859, and from that time to the present it has been accepted as the leading exponent of American surgery.

The fact that it has passed through five editions is sufficient evidence of the favor in which it has been and is still held.

The sixth edition is now presented to the profession. Much time and

labor have been expended in incorporating into the edition the marvelous advances which have been made in all the departments of surgery during the past ten years. Every subject has been revised and much additional matter has been added. It has been the aim of the author to present a thorough and exhaustive treatise upon the whole art and science of surgery. And as in these days of specialism no one person can be thoroughly versed in all the branches of surgery, the author has availed himself of the assistance of his son, Prof. S. W. Gross, in the preparation of the articles on morbid growths, and of that of Drs. J. Solis Cohen, on affections of the respiratory organs; Geo. C. Harlan and Wm. Thomson, on the eye, and C. H. Burnett, on the ear.

Prof. E. C. Seguin has contributed the article on cerebro-cranial topography, a subject of much importance in connection with cerebral localization.

The other sections are almost entirely from the pen of the gifted author, and whilst he evinces a great familiarity with the teachings of his cotemporaries, both in foreign lands and at home, his own teaching is largely *ex cathedra*, from personal experience extending over a period of more than 50 years. In this edition we have embodied the perfected wisdom acquired by a half century of active practice, close study and earnest effort, and it is the crowning glory of an honorable and useful life. To quote the author's words: "As exhibiting surgery as I myself understand it, and as I, for so many years, conscientiously taught it."

Time and space are wanting in which to make a critical review of these volumes, but a brief notice of some parts of the work may not be out of place.

One hundred and thirty-six pages are devoted to the consideration of inflammation and its results. The chapters upon this subject are sub-

divided into sections, which allow an easy reference to any part upon which information may be desired. The causes, local and constitutional phenomena, terminations, effects and pathology of inflammation are discussed concisely and in terms that can be easily understood; but the individuality of the author is perhaps best shown in the portion devoted to treatment. And as the treatment of inflammation is an epitome of the practice of physic, I will abstract somewhat in detail his views upon the subject. In regard to general blood-letting, Prof. Gross entertains very decided opinions—opinions which, if properly considered by the profession, would, in the belief of the reviewer, exert salutary influence upon the practice of medicine and surgery at the present day.

"General bleeding," says the author, "may be justly regarded as standing at the very head of the list of constitutional remedies for inflammation, as it is at once the most speedy and the most efficient means of relief. \* \* \* Its value was not overestimated by the older writers when they designated it as the 'great remedy' in the treatment of inflammation; yet, strange to say, blood-letting, notwithstanding the high rank it formerly occupied, has of late fallen very much into disrepute." \* \* \* "To what is this change due? Is it justly attributable to the modification of the type of disease, and to a gradual diminution of strength of the American people? If it be, I have not been able to discover it. On the contrary I am perfectly satisfied that inflammation possesses the same characteristics now that it formerly did; and it is equally clear to my mind that patients bear depletory remedies quite as well now as they did then." Further he says: "Authority never fails to find followers, so much easier is it to be led than to think. The result is that bleeding is no longer fashionable; it is de-

nounced by nearly every one. For myself, I cannot but regret this change. If formerly we bled too much, too frequently, too copiously and too indiscriminately, it is equally certain the operation is not employed often enough at the present day. Many a deformed limb, blind eye, enlarged spleen and crippled lung bear testimony in every community to the truth of this remark."

Whilst the author is emphatic in regard to the propriety of abstracting blood, he is explicit in his directions as to the circumstances under which it is to be employed, as well as to those which counter-indicate its use.

Of cathartics, the author writes: "Cathartics constitute a most important class of remedies, being even more valuable than bleeding, because of their almost universal applicability. \* \* \* There are few surgical affections in which they will not prove eminently beneficial."

Very positive, also, is the author as to the great efficacy of mercury: "Its virtue in controlling inflammation is hardly inferior to that of the lancet and of tartar emetic, while during the decline of the disease, as a powerful sorbefacient, it is without a rival in the *materia medica*."

He advocates the employment of anodynes in large doses and at long intervals; in urgent cases 1 to 4 grs. of opium every 12, 18 or 24 hours. Codeia is considered to be a good substitute for opium or morphia in certain cases of idiosyncrasy, "as it relieves pain and tranquilizes the system without inducing any cerebral disturbance." As might be expected from one who believes in a depressing treatment, Prof. G. restricts the diet of his patients in acute inflammation, during its early stages, to innutritious substances, as panada, gruel, arrowroot, sago and tapioca, but as soon as the violence of the disease has abated, or the vital force begins to flag, he allows a more nutritious



regimen, returning very gradually to solid food lest the disease should be started anew.

The subject of tumors occupies 62 pages, and is beautifully illustrated with many figures representing the microscopical anatomy of morbid growths.

A valuable chapter upon diagnosis will be found useful to those not skilled in methods of investigating disease.

The various improvements in urethral surgery, diseases of spine and joints, in the treatment of deformities, and in the different affections of the eye, ear, throat, uterus, etc., will be found fully described in the sections devoted to these subjects.

Dr. Gross uses the following language in regard to strict Listerism: "I have myself no confidence whatever in the efficacy of the spray, while, in common with my professional brethren in all parts of the civilized world, I have unbounded faith in antiseptic treatment properly so-called."

This is the first systematic treatise on surgery which I have seen, in which nerve-stretching is mentioned as a justifiable therapeutic procedure.

In conclusion, it is safe to say that the sixth edition of Gross' System of Surgery is a work which is equalled by but few publications in the English language and is excelled by none. R.W.

*A Manual of Hypodermatic Medication. The Treatment of Diseases by the Hypodermatic Method.* By ROBERTS BARTHOLOW, M. A., M. D., L. L. D., etc. Fourth Edition. Revised and Enlarged. J. B. Lippincott & Co., Philadelphia: 1882. 8vo. Pp. 365.

In preparing a new edition of this popular work, the author has found it expedient, in view of the rapid advances lately made in this mode of employing remedies, to rewrite much of it and to add new matter to the extent of 114 pages.

In the interest of a correct nomenclature he urges upon medical authors the use of the term *hypodermatic* instead of *hypodermic*, a substitution which he seems almost alone among English writers in adopting. There can be no question of the correctness of his views upon this subject, and an examination of the etymology of the word, which is compounded of the Greek words *upo* and *derma*, gen. *dermatos*, will convince all of the fact. In the German, the correct term only is employed.

The use of the iridium needle point, the invention of Dr. Wm. Judkins, of Cincinnati, and made by Autenreith, of the same city, is recommended. A gold needle is preferred to a steel one, which undergoes oxidation and is apt to cause nodules and abscesses. When not in use it is suggested that the barrel of the syringe should be closed by a cap, after a few drops of water have been drawn into it, in order to keep the piston moist and in working order.

The author discusses the subject of the antagonism of morphia and atropia, and declares that it is manifested in the brain, heart and lungs, but the quantity of either, which can be successfully antagonized by the other, is limited. The opposition is not a chemical but a physiological one, the toxic effects being merely held in abeyance until elimination is accomplished. The true guides for the quantity of the antagonist to be given are not the pupils but the respiration and circulation. Small doses frequently repeated until the requisite amount has been given are preferred to large doses. One-twentieth grain of atropia is pronounced about equal in toxic effect to a grain of morphia.

The following rule is given: Whenever the hyperdermatic use of morphia is proper, atropia should be combined with it unless contraindicated.

The author repeats the statement that the greenish color assumed by a

solution of apomorphia renders it unfit for use—which has been shown to be fallacious.

We find no mention of the hypodermatic use of purgatives, from which we conclude that the author does not entertain a favorable opinion of their use by this method.

In concluding this brief notice of some points in this work, which have especially attracted our attention, we cannot express an estimate of the value of it better than by saying that we regard it as essential to the successful and creditable practice of medicine.

*Labor Among Primitive Peoples.* By GEO. J. ENGELMAN, A. M., M. D., Professor of Obstetrics in the Post-Graduate School of the Missouri Medical College. J. H. Chambers & Co. St. Louis: 1882. 8vo. Pp. 203.

This work, "*ethnographical* rather than *medical*," and yet throwing much light upon important questions connected with the treatment of woman during the parturient period, is intended to illustrate the customs relating to this period prevalent among savage and uncivilized nations—in other words, to show what instinct leads the *natural* man and woman to do during the act of child-bearing. The work is made up of three papers, which appeared at different times in the *Transactions of the Amer. Gynecological Society* for 1880, the *Amer. Journ. of Obstetrics*, from April to July, 1882, and the *St. Louis Courier of Medicine* for March and May, 1882. The work shows much laborious research, and is very creditable to the author's scholarship and zeal.

It is curious to learn the many postures assumed by women in the act of parturition. Thus we find them standing, suspended, sitting, squatting, kneeling, sitting on the floor, the lap of an assistant, or in a chair, recumbent upon the back, side or stomach.

That such studies as the author has undertaken have a value greater than that which mere novelty or the acquisition of knowledge confers, is fully evidenced by one fact alone, stated by him, viz.: that the modern use of external manipulation in obstetric practice, especially as perfected by Credé, is "a most ancient and venerable practice, forgotten by civilization for ages, and only of late years again accorded the importance which simple-minded, primitive people have always conceded to it." The 56 illustrations add very much to the interest of the work.

*A Practical Laboratory Course in Medical Chemistry.* By JOHN C. DRAPER, M. D., L. L. D., Professor of Chemistry in the Medical Department University of New York. Wm. Wood & Co. New York: 1882. 8vo. Pp. 71.

This is a very excellent guide to the practical study of chemistry, and whilst chiefly adapted for laboratory instruction, it can be made serviceable in private study and will afford assistance even in the active duties of practice. The contents include an introduction and four sections relating respectively to poisons, water, animal fluids and sediments and calculi. Every other page is left blank for the record of experiments and additional facts deemed worthy of record. We are quite favorably impressed with the style of the work, which, in its concise paragraphs, resembles well-taken notes of lectures. Indeed, we may suppose that it does contain notes of Professor Draper's lectures. For those who wish to have such condensed notes of the most useful points in medical chemistry we commend the book as embodying all the more essential facts.

Dr. J. Marion Sims and Dr. Harry Marion-Sims will give a reception to the venerable Prof. S. D. Gross at the Hotel Brunswick, New York City, on Thursday evening, Nov. 2, at 8 o'clock P. M.



## MISCELLANY.

ANÆSTHETICS IN DISEASES OF THE KIDNEYS.—*Dr. Laurence Turnbull* (*Med. and Surg. Reporter*, Oct. 14) dwells upon the great importance of attention to the condition of the kidneys and examination of the urine when an anæsthetic is to be administered. Many deaths unaccountable otherwise are due to this cause. In disease of the kidneys, the blood being loaded with urea, anæsthetics almost invariably produce coma and death. He enumerates a considerable number of deaths from ether and hydrobromic ether, but very few from chloroform. Norris has reported two cases of death supervening unexpectedly from sulphuric ether after operations for cataract. Both recovered consciousness but died comatose, one in a few hours, the other after 18 days; no organic lesion was found *post-mortem* except Bright's disease. Cases have also been reported by Emmet, Hunt and Montgomery, verified by *post-mortem* examination. The kidneys are the active agents in eliminating ether from the blood, and if they are unable to perform this office, and if the skin is cold, moist and inactive, death will supervene by accumulation of mucus in the lungs, or congestion of the brain in true Bright's disease of the kidneys.

SUBCUTANEOUS INJECTION OF APERIENTS.—The extensive use made of the hypodermatic method of administering remedies led naturally to its application to the expulsion of substances from the alimentary canal. The result in the case of apomorphia was most satisfactory, and this agent has become the established resource in cases of poisoning demanding the expulsion of the contents of the stomach. Hiller, of Berlin (*Lancet*, Sept. 30), has experimented with aloin and substances obtained from colocynth. He found that the dose required and the time of its action, were nearly

the same as when given by the mouth. Colocynthin was found to act less efficiently than when injected into the bowels, the same dose causing several loose stools in four to six hours, with sharp colicky pains, whereas given as an enema it acted in one half hour without pain. H. prefers the latter mode of administration when an energetic and quick purgative is required as in uræmia. The officinal extract of colocynth was efficient in solution of one in thirty, injected under the skin or into the rectum. H.'s conclusions are thus decidedly unfavorable to the subcutaneous injection of aperients.

THE CONTAGION OF PHTHISIS.—*Dr. C. Theodore Williams*, physician to the Hospital for Consumptives, Brompton (the largest institution for the treatment of consumptives in the world), and one of the best authorities upon all questions relating to phthisis, from a careful consideration of the health statistics of the Brompton Hospital resident staff since the opening of the hospital in 1846 (*Brit. Med. Journ.*, Sept. 30), draws the following conclusions: 1. The evidence of large institutions for the treatment of consumption, such as the Brompton Hospital, directly negatives any idea of consumption being a distinctly infective disease, like a zymotic fever; 2. Phthisis is not, in the ordinary sense of the word, an infectious disease; the opportunities for contagion being most numerous while the examples of its action are exceedingly rare; 3. In the rare instances of contagion through inhalation, the conditions appear to have been, first, close intimacy with the patient, such as sleeping in the same bed or room; second, activity of the tubercular process, either in the way of tuberculosis or of excavation; third, neglect of proper ventilation of the room; 4. In addition to the above, a husband may, though he rarely does so, infect his wife by coition, and

this risk is considerably increased in the event of pregnancy; 5. By the adoption of proper hygienic measures, as good ventilation and separation of consumptive people from the healthy at night, all danger of infection can easily be obviated.

**EUCALYPTUS GLOBULUS IN GYNECOLOGICAL PRACTICE.**—*Dr. A. F. Currier*, in the *Amer. Journ. Med. Sciences*, Oct., 1882, calls attention to the part which this drug plays in gynecological therapeutics, and reports a series of cases in which marked benefit followed its local employment. The eucalyptus was distributed upon pledgets of cotton with which the vagina was lightly tamponed. The conditions calling for its use were subinvolution, prolapsus of the ovaries, malpositions of the uterus and cellulitis, with which were associated much pain, tenderness and local irritation. The drug acting as an anæsthetic and antiseptic, subdued pain and gave great relief. *Dr. Currier* suggests that eucalyptus will also be serviceable in a different class of cases such, for example, as wounds of the breast after the removal of tumours and other wounds treated by the open method.

**EXCISION OF PRIMARY SYPHILITIC SORE.**—*Dr. Louis Jullien*, of Paris, (*Archives of Dermatol.*, July) from the practice of excising a chancre in six cases draws the following conclusions: 1. It causes no local disorder and hastens the disappearance of the ulceration; 2. Under certain circumstances, with which we are not yet acquainted, it suppresses all manifestations of syphilis; 3. Under others it diminishes to such a degree the effects of the poison that it seems to give the benefit of a real vaccination.

**RESECT ON OF HALF OF A VERTEBRAL BODY.**—*Isræel (Berlin. Klin. Woch.*, 1882, No. 10), in opening an abscess in the lumbar region of a pa-

tient, 34 years old, with scoliosis persisting since boyhood, and suddenly accompanied by paralysis, found extensive disease of the bone. He resected a diseased portion of the twelfth rib, and scraped out the carious portion of the diseased vertebral body, penetrating into the vertebral canal, from which a quantity of pus was discharged. The patient did well for five weeks, when an empyema resulted and death followed. The operative interference had no effect upon the paralysis.—*Bost. Med. and Surg. Jour.*, Oct. 12.

**DEMONSTRATIONS IN PATHOLOGY.**—*Dr. W. T. Councilman*, of this city, Fellow by Courtesy of the Johns Hopkins University and late Assistant in Biology, will deliver during this winter a course of ten lectures on pathological topics. Microscopic and other specimens will be exhibited illustrating the lectures, which will be largely demonstrative in character.

Six lectures will be devoted to the lower organisms and their connection with the production and spread of infectious diseases; one will be upon tubercle and tuberculosis, and the remainder upon tumors.

The class will meet in the Biological Laboratory on Saturdays, at one o'clock P. M., beginning November 4. Only physicians will be admitted, and the number received will be limited to twenty. Fee, \$10. Application for tickets should be made at the Treasurer's office.

**AMERICAN PUBLIC HEALTH ASSOCIATION.**—At the meeting of this association week before last, in Indianapolis, the action of Congress regarding the National Board of Health met with an emphatic condemnation. The sentiment developed in favor of the maintenance of the Board in its full functions was almost unanimous, and it is to be hoped will have its weight with the next Congress. Amendments



to the constitution were adopted providing for a membership of active and associate members. The former are permanent and consist of sanitarians; the latter are elected for one year and are not entitled to vote. A proposition to recommend legislation in regard to venereal diseases was laid on the table. Dr. Ezra M. Hunt was elected President and Detroit selected for the next meeting.

MAGGOTS IN UNUSUAL SITUATIONS.—*Dr. Prince*, of Jacksonville, Ill., narrates in the *Med. News*, Oct. 14th, a case of ozæna in which 65 healthy maggots had to be removed with forceps from the nares of the patient, they having resisted irrigation and other means of dislodgment. Their scavenging duties had been well performed, the discharge being freed from all mal-odour. A recent English journal also contained notice of a case in which the stools of the patient contained live maggots at the time of voiding. A lady, too, in this city, under the care of the writer, suffering from a miscarriage, showed him some blood clots, swarming with maggots, which she affirmed were present at the time of the discharge of the clots. —*Canadian Jour. of Med. Sci.*, Nov.

SOCIETY BULLETIN.—*Clin. Soc. of Md.* will meet Friday, Nov. 3rd, at 8 P. M.; Dr. R. Winslow on "Nerve-Stretching in Sciatica, with a Successful Case." *Med. Ass'n* will meet Monday, Nov. 13th, at 8.30 P. M.; Dr. Wiegand on "Diphtheria." *Acad. of Med.* will meet Tuesday, Nov. 7th, at 8.30 P. M. *Med. and Surg. Soc.* meets every Wednesday, 8.30 P. M.—Nov. 1, Dr. Cathell on "Bright's Disease," Nov. 8, Dr. Evans on "Malaria."—*Section on Obstet. and Gynecol., M. and C. F.*, will meet Friday, Nov. 24th, at 8.45 P. M.

GENEVA is said to be the healthiest city in the world, the death-rate being 17 per 1,000. In Edinburgh it is 18, in Paris 21, Berlin 35, St. Petersburg 47.

## MEDICAL ITEMS.

ONLY nine States are now without a State Board of Health, viz: Florida, Kansas, Maine, Missouri, Nebraska, Nevada, Ohio, Pennsylvania and Vermont.—A French physician claims to have cured a number of cases of diabetes by the use of the bromide of potash.—According to Jonathan Hutchinson, nineteen of every twenty cases of "sciatica," so called, are simply rheumatic or gouty arthritis.—Dr. Hillairet, of Paris, died during a paroxysm of angina pectoris, Sept. 14th.—Prof. Wöhler, the celebrated chemist of Göttingen, is dead, æt. 82.—Dr. Huchard, of the Tenon Hospital, says that when digitalis proves useless or insufficient in diseases of the heart, especially when it is hurtful, caffeine under certain circumstances, as yet imperfectly known, may produce the best effects in sufficient doses.—The hygienic congress, lately in session in Geneva, unanimously passed a resolution in favor of cremation, and drew the attention of governments to the advantage of having an established system of cremation in case of epidemics.—Thin asserts that isolation is not necessary in ringworm, and that danger of contagion may be obviated by keeping in contact with the patch some fatty substance.—The London medical schools opened Oct. 2nd. The period during which students could be entered for the entire winter session closed on the 15th.—The Baltimore Academy of Medicine has been recently incorporated.—The *Sanitarian* will be issued weekly after Jan. 1.—The *Sanitary Engineer* will undertake to supply the loss consequent upon the discontinuance of the *Board of Health Bulletin*, by publishing the most important information heretofore given through the *Bulletin*. This is done with the sanction of the National Board of Health, which places at the disposal of the editor the data necessary for the proposed compilations.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

EDITORS:

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EUGENE F. CORDELL, M. D.

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WHOLE No. 98.

BALTIMORE, NOVEMBER 15, 1882.

VOL. IX, No. 14.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### NERVE-STRETCHING IN SCIATICA, WITH A SUCCESSFUL CASE.

BY RANDOLPH WINSLOW, M. D.,

Demonstrator of Anatomy in the University of Maryland and Professor of Surgery in the Woman's Medical College of Baltimore.

(Read before Clinical Society of Md., Nov. 3, 1882).

Whilst the journals in this and other countries have contained of late many articles upon nerve-stretching, performed upon various nerve trunks and for many affections, it is still an undetermined problem whether the operation is on the whole an advance in surgical therapeutics or not. And if it be admitted that it is a justifiable procedure, it is of great importance to determine the cases which are likely to be benefitted by it.

The most important and most elaborate paper which has yet appeared upon this subject is that of Dr. W. J. Chandler, of South Orange, N. J., published in the *N. Y. Medical Record*, Sept. 2nd and 9th, 1882. Those who wish to study this operation in all its details, anatomical, physiological,

therapeutical, etc., will do well to read this article. I have neither the time nor the facilities for reviewing the literature of the subject, hence will avail myself of the statistics and opinions of this author as far as they bear upon the subject of this paper. In looking over the list of diseases for which nerve-stretching has been performed, one is struck by the great diversity of conditions which it is supposed to counteract. Often, indeed, it has been done for the relief of entirely opposite conditions, as of spasmodic affections and paralysis, anæsthesia and pain, peripheral and central lesions. Now it is evident that one remedy cannot be made to meet such antagonistic conditions; and as a consequence the proper status of the operation is not yet definitely settled, some surgeons thinking the procedure scarcely justifiable whilst others enthusiastically adopt it.

Dr. Chandler has very industriously collected 400 cases of nerve-stretching, performed for various causes. Of this number 70 were performed for sciatica, with one failure. In three cases the relief was transient, and in



one the result is not recorded. Sixty-five cases were cured, or 93 per cent. In neuralgia of the fifth pair of nerves, out of 37 cases 29 are reported cured, or 86 per cent. Of traumatic neuralgia 15 cases are reported, with a cure or marked improvement in 11, or 75 per cent.

Spasmodic affections and torticollis are generally cured. For tetanus 50 operations are recorded, with 10 recoveries, or 20 per cent. In 39 operations for the relief of peripheral paralysis only one cure is reported, though nearly all are said to have been improved. There is no authentic case of locomotor ataxia, in which a cure has been effected by nerve-stretching, though many are reported in which benefit was derived from the operation, and as far as the relief of pain goes it is successful in a large proportion of cases.

Bearing in mind the fact that stretching a normal nerve trunk produces anæsthesia and paresis in the limb operated upon, we should expect to derive benefit from this method of treatment in those cases in which pain and spasm are the most prominent morbid phenomena, and it is in just such cases that marked benefit is obtained, neuralgia and spasmodic affections being cured in a large majority of cases. Locomotor ataxia or any other central affection will be benefitted only to the extent of relieving pain and spasm, which, however, would justify the treatment in many cases.

Sciatica is a painful affection of the buttock and posterior portion of the thigh. The pain follows the distribution of the great sciatic nerve, and is sometimes limited in extent, at other times it shoots down the thigh into the leg and foot, often following the course of the musculo-cutaneous nerve. As a rule pressure upon the sciatic is painful, but at certain points, "puncta dolorosa," the pain is especially marked. The name sciatica sim-

ly indicates the most prominent subjective phenomenon, that is pain, but the pathological conditions which are embraced under it are numerous, hence one plan of treatment cannot be expected to succeed in every case. One of the most frequent morbid appearances is injection of the neurilemma, and sometimes pus or blood is infiltrated into the sheath.

Pain in the sciatic nerve may also be due to cancer of some contiguous organ, as the uterus, or to abscess pressing upon the nerve in some part of its course, or caries of the pelvic bones, but this is a secondary or symptomatic sciatica, and this paper is concerned only with idiopathic sciatica, or neuralgia affecting the great sciatic nerve.

The most noticeable symptoms of this disease are its gradual invasion, marked pain, inability to walk or at least impairment of locomotion, diminished temperature of the limb, and chilly sensations.

The disease is generally caused by exposure to cold, or to variations of temperature, hence is most often found in artisans and laborers, and in the male sex. As is well known, idiopathic sciatica is a tedious and often incurable affection, hence any method which promises to be a decided advance in its treatment, should be at least carefully considered, and any clinical experience gained ought to be authentically recorded.

As a contribution towards the elucidation of this subject I venture to detain the society a short time longer, with the history of a case in which I stretched the great sciatic nerve for the relief of idiopathic sciatica of seven months' duration.

A. R., (the patient before you) German, 52 years of age, employed in the machine shops of the B. & O. R. R., was seized with pain in the back and hip in January, 1882. The pain was continuous and was felt in the lower lumbar region, buttock and

posterior part of thigh, sometimes extending down the leg to the foot.

Having consulted several physicians, and gaining no relief, he appeared at the nervous clinics of the University Hospital, where several applications of electricity were made, but with only a very slight temporary improvement. About the middle of June his condition became so bad that he was no longer able to leave the house, and he was attended at his home by several medical gentlemen, who applied blisters over the upper portion of the nerve, and used hypodermic injections (probably of morphia) along with a varied course of drugs.

In August he fell under the care of Dr. John Morris, who, judging the case to be one suitable for nerve-stretching, kindly asked me to see it with him. I found the man bedridden, suffering much pain, emaciated, without appetite, unable to sleep and helpless, his symptoms becoming progressively worse every day. I coincided with the opinion of Dr. Morris, thinking stretching the sciatic would at least be followed by temporary relief.

Aug. 11th, 1882, was the day set for the operation. Dr. Morris administered the anæsthetic (a mixture of chloroform and ether, which the patient took kindly) and Mr. W. J. Jones, of the University Hospital, assisted. Placing the patient in the semi-prone position, I cut down upon the nerve about the middle third of the thigh, dividing the skin and superficial fascia, then the fascia lata, and separating the biceps muscle from the semi-tendinosus, I found the nerve between them. I had never seen the sciatic nerve in a living person previous to this case, so was not familiar with its normal appearance, but its sheath seemed to be more vascular than I thought was normal. Hooking my index finger under the nerve contained within its sheath, I made strong traction upon both ends, until it

seemed to be considerably elongated, and as a last adieu I lifted the limb from the bed by the nerve.

The wound was cleaned, a drainage tube inserted, and the incision closed by several points of silver wire, and dressed with a pad of oakum.

The next day the pain was much less. In five days the wound had healed except at the point left open for drainage. Some soreness from the operation still remained, but the old pain was gone.

In two weeks he was up, the leg straight and capable of executing all its movements; appetite improved and no pain except an occasional dart along the peroneal nerve; has a sensation as if the foot was asleep.

Sept. 5.—Three and a-half weeks from the time of the operation, upon calling to see him, I found him on the street supported by two canes. He has no pain, sleeps well, has a good appetite, and is gaining strength every day.

November 3rd.—Nearly three months after the operation his improvement continues. He has no pain, sleeps well, has good appetite, and considers himself well enough to go to work. Yesterday walked five miles with scarcely any fatigue or discomfort. Thinks he tires more readily in the limb which was the seat of the disease.

One of the most interesting points in connection with this operation is in regard to the best place at which to expose the nerve. This may be done anywhere between the pyriformis muscle and the popliteal space. In the upper parts of its course it is covered by the gluteus maximus muscle, which would have to be divided in operating at that point; there is a small space, however, about the upper third of the thigh where the nerve is only covered by integument and fascia. Lower down but still above the popliteal space, it may be exposed after it passes under the long head of



the biceps; and this I believe to be the best place at which to operate, as it is covered only by skin and fascia, and is easily found by drawing apart the biceps and semi-tendinosus when the nerve will be seen between them. Another point of interest is the recognition of the nerve when it is exposed, as it resembles a tendon very closely in the living subject. The only tendon with which it could be confounded is that of the semi-tendinosus, which is situated on the inner side of the nerve, and is somewhat smaller, is more compact in its structure, and more glistening, and does not extend quite as high up the thigh, as the point at which the nerve is best stretched.

The operation is attended by but a small amount of danger, as the important blood vessels are upon the front of the thigh, and the point of election for operating is far enough above the popliteal space to avoid the danger of injuring the popliteal artery and vein. Some anæsthesia and paresis are left after the stretching, but these gradually pass away.

#### A CASE OF ORGANIC STRICTURE OF THE PENDULOUS PORTION OF THE URETHRA; URETHROTOMY; DEATH TWELVE DAYS AFTER THE OPERATION.

BY JAMES BROWN, M. D.,

Attending Physician to Baltimore General Dispensary, Prosector to Chair of Anatomy, College of Physicians and Surgeons.

(Read before the Clinical Society of Maryland Nov. 3rd, 1882.)

W. H., colored laborer, aged 35 years, presented himself at the Baltimore General Dispensary, on Sept. 9th, 1882, complaining of frequent and difficult micturition, it taking him some four or five minutes to empty his bladder. He also said that he had not had an erection for the past two years. He was, in appearance, a healthy, vigorous and muscular man.

He said that, with the exception of the aforesaid troubles, he had not been sick for twenty years. He denied ever having had any sort of urethritis. His urine was clear and light in color.

Examination showed that he had a very narrow stricture about one-quarter of an inch from the meatus, which seemed to extend one and a half inch backwards. The stricture was so narrow as to barely admit a small surgical probe. I advised him to have it cut, but he refused to submit to the operation, believing that he could be cured by some easier method. A few weeks afterwards, however, he returned, saying that he had determined to have the operation performed.

So on the 17th day of Oct. last, the patient was instructed to take in the morning ten grains of quinine, and in the afternoon I, with the assistance of Drs. Harlan and Pearson, performed urethrotomy. Ether was the anæsthetic used. The operation was attended with little or no difficulty, and very little bleeding followed. I then passed with perfect ease No. 34 F. steel sound into the bladder, the stricture being cut up to No. 35. The patient had some vomiting when about recovering from the influence of the ether. One hour afterwards he expressed himself as feeling very comfortable and was permitted to walk to his home, which was only a few squares off. He was ordered five grains of quinine morning and evening. The next day he came, according to instructions, to see me. He said that he had slept well and had lost very little blood since he left the Dispensary the day before; had no chill or any other untoward symptom. Water passed freely, causing but slight pain. Sound No. 34 F. was introduced with perfect ease, producing, however, considerable pain. A drop or two of blood followed. On account of the pain that followed the introduction of the sound, which was very in-

tense, I advised him to go home immediately and go to bed, and to remain there until I called to see him the next morning.

Oct. 19th.—Found my patient doing very well; he had no fever and felt very comfortable, though he informed me that he had slight chills after leaving the Dispensary yesterday. On this account I passed a smaller sound, No. 32 F., the quinine being continued.

Oct. 20th, 12.30 P. M.—I was informed that my patient had several chills, since my visit yesterday, followed by a high fever, intense cephalalgia, and scanty urine. R. 32, p. 108, t. 104.5. I injected morph. sulph. gr.  $\frac{1}{4}$ ; under the skin and prescribed twenty-three grains of quinine to be divided into three powders, all to be taken in thirty minutes. Five P. M.—The quinine has been taken as directed. Patient expressed himself as feeling better; headache less; no symptoms of cinchonism; p. 104, r. 28, t. 103 $\frac{3}{8}$ .

Oct. 21st.—Patient feels considerably better than he did yesterday; passes his water freely; no bleeding; headache almost gone; bowels constipated; quinine continued. Magnes. sulph. 5vi. S. To be taken in the morning early. P. 88, r. 24, t. 101 $\frac{1}{8}$ .

Oct. 22nd.—About the same as he was yesterday. Bowels were not moved by the sulphate of magnesia. Prescribed castor oil, f5vi, to be taken at once. The sound has not been introduced the last three days as I dreaded a recurrence of the chills, fever, etc.

Oct. 23rd.—Found the patient very comfortable; appetite good; bowels were moved freely twice; p. 85, r. 26, t. 98 $\frac{3}{4}$ . Here as the patient became unruly I refused to treat him further.

Oct. 25th.—I was again sent for. I found that, in spite of what I had told him, he had been out and was suffering from an intense pain in the epigastric region. Examination of the lungs and heart yielded negative results.

The pain was not increased by pressure. Fearing that the cut surfaces of the stricture would heal, I introduced a No. 30 F. straight steel sound. There was no fever nor sense of chilliness. The sound passed in very readily but still caused great pain, which, however, did not last long. I prescribed morph. sulph. gr.  $\frac{1}{8}$ , to be taken every two hours until pain in the epigastric region was relieved, and the quinine continued as before.

Oct. 26th.—Patient feels very weak; had hiccough off and on for the last eight hours. As there was considerable fever, and as he had had several chills, the sound was not introduced. Pulse very weak and frequent. I ordered a tablespoonful of whiskey and five grains of quinine to be given every three hours; p. 108, r. 44, t. 102 $\frac{1}{2}$ .

Oct. 27th.—Hiccough continues. Quinine and whiskey given three times a day; p. 72, r. 40, t. normal. Examination of the lungs and heart revealed nothing.

Oct. 28th.—On visiting my patient this morning I found him delirious, with a rapid and labored respiration, *alae nasi* widely dilated, eyes having a hollow, fixed appearance; mouth very dry; tongue coated; extremities cold. In short, he was evidently dying. Whiskey and quinine were freely administered and hot bottles placed around him; p. 104, r. 38, t. 103 $\frac{3}{8}$  in the axilla. Heretofore the temp. had been taken under the tongue. When I again called I learned that he had died unconscious rather quietly about 3 o'clock in the afternoon. There was almost complete suppression of urine twenty-four hours before death.

Autopsy nineteen hours after death. —Urethra.—The stricture was seen to have been completely divided. Its site was marked by thickening and discoloration of the mucous membrane, the latter I thought to be due to extravasated blood. The stricture extended one-quarter of an inch from



the meatus one and a quarter inch backwards. The urethra was not dilated posterior to the stricture. Its mucous membrane somewhat thickened. The bladder, which was empty when examined, was considerably thickened, and here and there, especially at its base, grayish white patches could be seen—"interstitial exudation." The ureters were pervious, and their mucous membrane had a similar appearance to that of the bladder. The pelves of the kidneys were enlarged. The kidneys themselves were diminished in size, very soft, and congested. Their capsules were adherent; cortical portion diminished. In some places the pyramids nearly came to the surface. The latter had red and white streaks radiating through them. The heart was fatty and somewhat dilated; valves healthy. A white fibrous clot was found in the left ventricle. The spleen was slightly adherent to the diaphragm which may account for the hiccup. The lungs and liver were perfectly healthy.

The unfortunate termination of this case was, in my opinion, evidently due to uræmia, resulting from the reflex action arresting the secretion of the kidneys, whose function was already compromised by disease.

The patient appeared so vigorous and healthy, and the operation promised to be such a slight one that the urine was not examined, and consequently no renal disease was discovered during life. The moral that a case of this kind teaches is too plain to mention.

### SELECTED PAPER.

#### REPORT ON ANTISEPTIC SURGERY IN GERMANY.

Foremost in publishing results of new methods tried is the clinic of Prof. Esmarch in Kiel, and we find a long article "On the use of Iodoform and Turf Dressings," by Dr. G. Neu-

ber, in Langenbeck's *Archiv*, 1882, Band xxvii, the observations for which were made under Esmarch's own superintendence. The report says that, after the German Surgical Congress in 1881 was held, it was thought time to give iodoform dressing a trial; it was accordingly used for abscesses, whitlows, boils, suppurating glands, etc., the opened cavity being filled with iodoform, and covered with a pad of carbolized jute, which was sometimes left until the whole wound had healed, and was only exceptionally removed. The results of the use of iodoform in tubercular granulation processes were watched with great anxiety, inasmuch as very good results had been previously obtained by the use of Listerian permanent dressing. In fact, the list of resections reported on a former occasion by the same author, in the *Archiv*, Band xxvi, Heft 1, p. 106, was one which, for brilliant results, has never been surpassed. Out of thirty-four resections of joints, thirty-one were cured, all of which had had a dressing, which was at the least sixteen days, at the most thirty-five days *in situ*, and was only once applied. In testing the efficacy of the iodoform dressing, all the most difficult cases to treat were reserved for it. The patients were all scrofulous, and had affections of the bones, joints and soft parts. In each case, after incisions had been made, the granulations were well scraped out with the sharp spoon, and the cavity stuffed, rubbed, or powdered with iodoform, and covered with a dressing of the same. The results were not at all brilliant. Of twenty-one cases there were only thirteen cured, and these only after several months in hospital. Five had fistulæ, one had amputation done afterwards, one patient was still under treatment, and one died, after excision of the hip, of tubercular meningitis. This method is, therefore, neither quick nor radical, and does

not protect the patient from relapse. The principal advantages it possesses over carbolic dressings are, that the iodoform is less irritating to the wound, is less volatile, and is absorbed less rapidly than carbolic acid.

Billroth's method of dressing with iodoform is as follows: The wound is powdered thinly with the drug, or filled with it, then a layer of cotton-wool with powdered iodoform on it follows, or a piece of iodoform gauze; then around this a sufficient quantity of wool, perfectly free from fat, a water-tight material; lastly, the bandages fixing and compressing the whole. These are changed from the second to the fourth day; later on, every five to eight days, though some dressing, according to Mikulicz, is left on longer.

The method adopted, according to Neuber, consists of sprinkling the wound with, at the most, three grammes (45 grains) of iodoform; puncture of the skin, or insertion of absorbable drainage-tubes; cat-gut sutures, placing in position of a small turf pad with two per cent. iodoform on it, and of a larger one with nothing on it; fastening of the whole with a gauze or water-glass bandage; changing of the whole every twelve to forty days. The difference between the methods is merely the substitution of India-rubber drainage-tubes for the absorbable ones used at Kiel.

Gussenbauer gives an exact account of treatment with iodoform in tuberculosis of bone in the *Prager Med. Woch.*, 1881, No. 35. There were twenty-eight cases, of which fourteen were complete successes, whilst fourteen others were not completely cured, four cases altogether having had only one dressing, whilst others had one several times, even as many as nine.

Neuber says that had the toxic characters of the drug been better known, and their development by contact with fresh wounds been understood before it was generally used,

the sad accidents which have been recorded would have never been reported. In dressing mucous cavities, the best results have been obtained, the only drawback being the said poisonous effects, which were prone to develop rather quickly in these cases. Two deaths had to be reported in this division from iodoform poisoning alone. The symptoms of intoxication are much the same as those reported by Schede, Küster, etc., described in the *London Medical Record* for May, 1882. The places in which most caution is necessary are the larynx, œsophagus, mouth, nose and pharynx, as resorption from these localities is rapid, through contact with food, etc. An iodoform crystal was found in a branch of one of the bronchi in one case which collapsed.

In applying iodoform to the ordinary cases in which carbolic acid had hitherto been used, it was found that, under one dressing carried out with jute and gauze impregnated with iodoform dissolved in ether and alcohol in the strength of ten per cent., and drawn through a wringing machine, twenty-four cases healed completely, twenty-two healed up to a few fistulæ and superficial granulations, which subsequently disappeared, whilst eight required several dressings, and two died. These results, however, were not much better than previous ones; but iodoform has the advantage in being cheaper than the more elaborate carbolic dressing, the preparation of dressings is much simpler, and it has been already mentioned as being less volatile than carbolic acid. But iodoform should not be used in larger quantities than four grammes, and the five and ten per cent. gauze jute and cotton-wool is much to be preferred to the carbolic acid preparations.

Now follows the most interesting report of a new dressing material, which was quite accidentally discovered by Neuber in the summer two



years ago. A laborer one day appeared in the clinic, who had sustained a complicated fracture of both bones of the forearm eight or ten days previously, whilst working on a moor, the soft parts being extensively lacerated, and the wrist-joint opened. The man at once got a comrade to surround the fracture, as well as the whole forearm, with a thick paste of turf-mould, on which was then laid a sort of rough splint of wood. With this primitive dressing he came to the clinic ten days afterwards, and, on being questioned, said he was very well otherwise. Numerous washings in a hand-bath at length freed the arm of all the turf, when it was found that the wound was healing beautifully, and had not a sign of suppuration, the surroundings being without any reaction. Some parts of the wound had united by first intention, others were granulating nicely. On the application of a Listerian dressing and fixation in a better position, the fracture and wound healed readily. The idea that in turf-mould another good antiseptic dressing might be found then struck Neuber, and he accordingly proceeded to have analyses and investigations made, the results of which showed that the dust resulting from the manufacture of sods of turf by the circular saw, as carried on in Schleswig-Holstein, and which is very light in weight, as well as in color, possesses a powerful affinity for ammonia, carbonate of ammonia, and bad-smelling materials generally, and takes up nine times its own weight of water. In the infantry barracks at Brunswick such turf-mould is used as a deodorizer in the privies, and renders fæcal products absolutely innocuous. A series of experiments on its use in the dressing of wounds having been carefully carried out, the turf-mould is now used in the following manner, which has been very successful: Bags of gauze wrung out in five per cent. car-

bolic solution are prepared of two sizes, twelve and twenty-four square centimetres respectively. These are filled with turf-mould (or dust), the smaller bag with mould containing two and a half per cent. of iodoform, which is laid on the wound directly it has been disinfected with either carbolic solution (two and a half per cent.), zinc chloride (eight per cent.), or, at most, three grammes of iodoform. Over this is laid the larger bag, the mould in which is saturated with five per cent. carbolic solution. The whole is kept in place by a gauze bandage. As these exercise a very energetic pressure upon the wound and its surroundings, it has been found unnecessary to use the elastic compressive bandages hitherto in vogue, unless in the case of wounds near the openings of the body. In Esmarch's clinic, it has never been found necessary to remove this dressing for secondary hemorrhage, even though the bloodless method is often adopted; and it is the rule to apply a permanent compressive dressing before undoing the tubing above the wound, the only other precautions necessary being that the limb should be elevated, and all ligatures applied before closing the opening. In all, there were treated in this manner, from September to the end of November, 1881, fifty-five wounds on fifty-three patients, the list comprising seven resections and osteotomies, seven scrapings out of carious bones and joints, five amputations, twelve extirpations of tumors, six removals of sequestra, five abscesses, thirteen various wounds, amongst which were seven nerve-stretchings and two herniotomies. There was no fatal case, except one after nerve-stretching for tabes dorsalis, said to be due to pyæmia after disease of the prostate and abscess of the bladder; but such a case should hardly have been operated upon. No diseases of wounds were observed. Thirty-one cases were with-

out fever; aseptic fever occurred eleven times, slight inflammatory disturbance only six times, elevation of temperature four times. In fifty cases the first dressing remained on until the end of the time intended, mostly a fortnight or more; and in only five was it necessary to remove it before that time had elapsed. Turf prepared according to Neuber's directions may be obtained from the Torfbereitung's Fabrik in Ultersen, Schleswig-Holstein; and the cost of a turf dressing amounts to 1.80 marks, whereas a carbolic acid Listerian dressing costs upwards of 15.08 marks, if we take an amputation of the thigh as a standard, for which, at least, six complete dressings are required at 2.44 marks; hence turf dressings are eight and one-third times as cheap as these.

Summed up, the advantages of turf dressing are these: 1. A given quantity of the mould takes up more fluid than jute, gauze or cotton-wool. If it be lightly moistened, its absorbent power is still further increased; wounds remain perfectly dry under it. 2. It possesses a great power of absorbing products of decomposition of organic substances, and hence prevents the same from occurring, and acts even in the unprepared form. Further experiments are being made in this direction. 3. The moistened mould is a very soft but still elastic substance, so that it is easily placed in the required position in the bags before applying them to the inequalities of the body. 4. It is the cheapest of known antiseptic dressings, one pennyworth sufficing for a dressing, and will be more so when it is found that the preparation with some antiseptic can be left out. 5. It makes a very suitable pad for all purposes when enclosed in gauze.

Neuber has further, since the date of his first essay, treated seventy-eight wounds with this dressing, that is, up to February, 1882, and much the same class of cases, with the addition

of ovariectomy, hysterotomy, and operation for floating kidney, one case of each. Of all these, only three died, namely, one from tetanus, one from delirium tremens and sepsis, one from gangrene of the leg and sepsis after the resection of the knee on account of hæmophilian inflammation thereof. Altogether, therefore, 133 cases have been hitherto so dressed. The dressing remained from ten days to six weeks in 122 cases, and had to be changed only in eight. In eighty-five per cent of the cases, the wound was entirely healed on the removal of the dressing. The remaining fifteen per cent. have since been healed or are under treatment. Glass splints are almost exclusively used in this clinic, and have been found to answer all requirements.

Schmid, in the *Centralbl. für Chir.* Band. ix., Heft 1, p. 3, 1882, reports on the use of salicylic acid in removal of sequestra, etc., at the Augusta Hospital in Berlin. He finds that there was no disturbance of the healing process in the wound; that no fever appeared; and that the secretions of the wound never decomposed. In removals of sequestra, the cavity was packed full of powder (salicylic acid), and over it was placed salicylic wadding. The first dressing remained on an average eight to fourteen days in position, and the decomposition which might take place in the outer layers of the dressing had no influence on the wound itself. Compared with iodoform, this dressing seems to have similar advantages; but the author is strong in his belief in the specificity of iodoform against tubercular processes. Though often forty grammes were put on wounds, no salicylic intoxication showed itself. The amount of secretion is greater than in iodoform dressing; but altogether, nothing showed the latter to be superior to salicylic acid. With the exception, however, of Neuber's work just quoted, no result seems as



yet to have been definitely arrived at by these different authors, whose evidence on all sides is very conflicting. It will certainly be safest to use not more than four grammes of iodoform for any purpose until we know more about it.

Hahn (*Berl. Klin. Woch.*, No. 24, 1882) reports seven cases of vaginal extirpation of the uterus, one of which ended fatally, and he believes, solely because he adopted drainage in it. His method sometimes consists in closing the peritoneal opening after removing the uterus, and then, without drainage of any kind, which is sure to promote peritonitis, filling the well-disinfected vagina with about four or five teaspoonfuls of iodoform, and packing it with gauze of the same nature. In other cases, Hahn leaves the opening patent, ligatures everything lateral *en masse*, and places, after due disinfection with 0.3 per cent. salicylic solution, a teaspoonful of iodoform at the very end of the cavity, so that the intestine is seen through the speculum to be lightly powdered with it, and then dusts four other spoonfuls along the vagina, closing it with a piece of iodoform gauze. This was done in carcinoma, and the dressing had to be changed after twenty-four hours, the vagina being irrigated with lukewarm salicylic solution, which usually brought out most of the iodoform.

In the German Surgical Congress held at Berlin from 31st May to June 3rd, 1882, the subject of antiseptics was introduced by Kümmell of Hamburg, who believes, that in using solution of corrosive sublimate, he has now achieved successes which will put iodoform in the background altogether. He uses a solution of 1 in 2,000, wadding saturated with 0.5 per cent. of sublimate, ligatures of silk boiled in one per cent. solution, catgut preserved in the same for twenty-four hours; and, as a powder dressing, he uses glass powder disinfected by the ad-

dition of solution of the sublimate. Cheaper than this, Kümmell says, is the use of quartz, screened through a fine sieve and burned. It is forced out of the wound by the granulations, and no grains of sand ever become incarcerated; but to prevent this he uses charpie made of glass-wool which also makes the best material for drainage. At the same meeting, nearly every known substance was advanced, and held to be the correct one; for instance, acetate of alumina, sand; ashes of all kinds, saw-dust, charcoal, etc.; but the result is that any substance will act as an absorbent. It is only necessary to carry out the primary antiseptics correctly, to operate rapidly, and to leave the dressing undisturbed for as long a period as possible.—*F. Wm. Elsner in London Medical Record.*

## CORRESPONDENCE.

### OUR NEW YORK LETTER.

NEW YORK CITY, Nov. 9, 1882.

The regular winter work has commenced here in earnest, and much activity is now manifest in medical circles. The medical schools opened their doors on schedule time to large classes of students. Work has been resumed by many of the local medical societies, which start off with good attendance and the promise of much interest in debate.

Just at present the two post-graduate schools, recently organized in the city, give rise to some interest and conversation among medical men. The announcements of these schools were made some months back, and in these the motives which led to their organization were fully stated. It is claimed by those interested in their success that they were established in the interest of scientific medicine, and with the expressed object of teaching clinical medicine and surgery.

These two schools are known as the New York Post-Graduate Medical School and the New York Polyclinic. Each school has an able corps of professors and instructors. In the Faculty of the former will be found the names of such well-known gentlemen as James L. Little, D. B. St. John Roosa, W. A. Hammond, Clinton Wagner, H. G. Piffard, M. A. Pallen and Mary Putnam Jacobi; whilst in the Polyclinic are associated such gentlemen as Louis Elsberg, P. F. Mundé, J. A. Wyeth, V. P. Gibney and others. The Post-Graduate school opened its doors on Monday, Nov. 6th, the opening address being delivered by Dr. D. B. St. John Roosa. The Polyclinic began on Tuesday, Nov. 7th. The former school is located at Nos. 209 and 211 East Twenty-third street in a commodious and conveniently situated building, whilst the Polyclinic occupies an attractive edifice located at 214 and 216 East Thirty-fourth street. In location, convenience and facilities for instruction, each school is equally well provided. The courses of instruction, however, differ. In the Polyclinic, clinical instruction is only provided for, whilst in the Post-Graduate school didactic as well as clinical lectures will form a part of the course of teaching.

The idea of establishing these two post-graduate schools has grown out of two facts: First. New York abounds in a profusion of material which has never been made available for clinical teaching. Second. Every year many intelligent and enterprising medical men, engaged in practice in rural districts and in small cities and towns, go to New York to seek special instruction in clinical medicine. The opportunities offered this class of students have been hitherto inadequate. It is now designed to utilize the abundance of clinical material and to provide the practical physician with that kind of knowledge he has hitherto been unable to secure. No one will

question the advantages which these methods of instruction offer. That they will meet the wants of a large and intelligent class of physicians no one will be able to deny.

The most unfortunate Seguin tragedy has caused a deep feeling of sorrow in medical circles here. Dr. E. C. Seguin, the husband and father, is a well-known and highly respected neurologist and is generally regarded as a leader of thought in this department of science. He has made a large study of nervous and mental diseases and is an authority of no mean pretensions. In daily intimate association with a loving wife their relations were of a most affectionate and cordial character. As far as the public is as yet advised there is no intimation that the husband even suspected a shadow of mental trouble in the wife. Without apparent warning or apprehension of mental deterioration, reason is unseated and a tragedy enacted which no previous thought, act or association could have suggested. In this profound sorrow Dr. Seguin enjoys the deep sympathy and respect of the entire profession. No attempt has been made to cast a shadow of blame upon him for an act which came upon him with the crash of an avalanche and utterly prostrated his physical and mental strength. Since this occurrence Dr. Seguin has been under strict medical attention. His constitution has never been robust. He is now profoundly prostrated by the blow received. It is said he will abandon practice and spend some months abroad with a view of building up his broken health.

The recent reception given in honor of Prof. S. D. Gross, of Philadelphia, at the "Hotel Brunswick," by Dr. J. Marion Sims and Dr. Harry Marion-Sims, was a notable affair which drew together a large number of representative men in the profession from various sections of the country. There were representatives from New York,



Brooklyn, Philadelphia, Baltimore, Washington, Chicago, Pittsburg, Boston, and several smaller cities, all of whom came to pay a tribute of honor and respect to two of the most remarkable men America has ever contributed to the medical profession. There were near four hundred physicians present, of which number a respectable proportion came from a distance. The spacious and elegant ballroom of the "Hotel Brunswick" was handsomely illuminated and decorated; a band of music performed appropriate selections, whilst the repast was inviting and bountiful.

The interest of the occasion centered upon the distinguished guest in whose honor it was given, and upon the distinguished host, whose hospitality is as large as his fame and as generous as have been his donations to science.

Prof. Samuel D. Gross, the honored guest, is widely known throughout the world as a surgeon, and by reason of his various writings stands in the front rank of authors. His "System of Surgery," in two volumes, very recently given to the profession in its sixth edition, is the most comprehensive treatise and authority upon surgery in any language. It represents the labor and experience of over a half century of active life in surgery, and in its latest edition is an enduring monument to its author's genius and efforts.

The life and character of Dr. Gross are familiar to many physicians; there are numbers, however, who know little of the man save through his writings. A short sketch will not be out of place at this time. Prof. Gross has recently resigned the Chair of Surgery in the Jefferson Medical College, and ripe in years and crowned with honors has relinquished the practice of his profession. He was born near Easton, Pa., on the 8th of July, 1805, and is now in his seventy-eighth year. He was educated at the Wilkesbarre Academy and at the Lawrence-

ville, N. J., High School, after which he studied medicine under Dr. J. K. Swift, of Easton, and Prof. George McClellan, of Philadelphia. He graduated from the Jefferson Medical College in 1828 and began practice in Philadelphia. In 1830 he published his first work, "Diseases and Injuries of the Bones and Joints." In 1833 he moved to Cincinnati and was made Demonstrator of Anatomy in the Ohio Medical College, and two years later Professor of Pathological Anatomy. It was here that he composed his "Elements of Pathological Anatomy." After four years he accepted the Chair of Surgery in the University of Louisville. In 1850 he resigned this position to accept a similar Chair in the University of New York made vacant by the retirement of Dr. Mott. Six years later he was called to the Chair of Surgery in the Jefferson Medical College, which position he has resigned during the present year.

Prof. Gross has been a voluminous writer. His "System of Surgery" first appeared in 1859. It has been translated into the Dutch language. He has written a number of monographs and minor works on surgical and biographical subjects. Prof. Gross is a member of numerous medical and learned societies in this country and in Europe. He was president of the American Medical Association in 1867. In 1872 the University of Oxford conferred on him the degree of D. C. L. and later he received the degree of L. L. D. from the University of Cambridge. In appearance Prof. Gross is a man of striking and commanding person. Large in stature, graceful in carriage and imposing in manners, he would attract attention in any crowd and create the impression at once that he was a man of superior intelligence and lofty character. Dr. Gilman Kimball, of Massachusetts, the venerable ovariologist, and at this time the President of the

American Gynecological Society, in speaking to the writer of Prof. Gross, remarked that in personal appearance he resembled Cuvier, the great naturalist, more than any man he had ever seen. In early life Dr. Kimball was a pupil of Cuvier in Paris. Though far advanced in years the great Nestor of American surgery enjoys all of his faculties in health and vigor.

Any account of this reception would be incomplete without a notice of the distinguished host, Dr. J. Marion Sims. No man in the medical profession has made a more enduring impression upon science than the father of modern gynecology. By his inventions, practice and writings, Dr. Sims has created a new era in gynecological science. He has thrown new light upon the uterus and pelvic organs not only by rendering their investigation more easy, simple and complete by the invention of his speculum but by the introduction of new methods of treatment and new operations for various diseases to which they are subject. Dr. T. Gaillard Thomas very properly remarks: "If all that Sims has done for gynecology were suppressed we should find that we had retrograded at least a quarter of a century."

Dr. J. Marion Sims was born on the 25th of January, 1813, in Lancaster District, South Carolina. He graduated from the Jefferson Medical College, Philadelphia, in 1835, and a year later commenced practice at Montgomery, Alabama. In 1845 he conceived the idea of curing vesico-vaginal fistula, and whilst conducting practical experiments to overcome the great difficulties which met him at every step, he invented the speculum which bears his name, which has accomplished more for gynecological science than any instrument, perhaps, in use in this branch. In 1853 Dr. Sims was forced to leave the South on account of ill-health. He located in New York City and at once en-

tered upon a large and successful practice. In 1854 he founded the Woman's Hospital of the State of New York, an institution which is intimately associated with progress in all that pertains to the amelioration of the physical condition of woman. Dr. Sims went to Europe in 1861 and introduced his operations in many of the hospitals of London, Paris, Dublin and Brussels. Great interest was manifested in them by the leading surgeons of Europe. He operated in the presence of large classes for Velpeau, Huguier, Verneuil, Nélaton and others. In recognition of his services to science the French Government conferred upon him the order of the Knight of the Legion of Honor. He has since been decorated by the Spanish, Portuguese and Italian Governments. Dr. Sims remained in Europe until 1868 and then returned to New York, leaving his family in Paris. In 1870 he returned to Paris, and during the Franco-Prussian war rendered valuable services to the wounded of both armies by organizing the Anglo-American Ambulance Corps, which was composed of eight Americans and eight Englishmen. After the close of this war Dr. Sims returned to this country, and since then has resided the greater portion of his time in New York, though making frequent trips to Europe or to large cities in the States. Dr. Sims is perhaps the only surgeon living who can find a practice in every city and country which he may happen to visit. Wherever he goes cases flock to him and he is at once overwhelmed with work.

In appearance Dr. Sims is of medium size, slight build, but well made and erect in carriage. His presence is attractive and magnetic, his manner frank and cordial. He is kind and benevolent, and perhaps has the largest following of friends, both among the laity and profession, of any medical man now living.



Dr. Sims has only two sons living, the younger, Dr. Harry Marion Sims, being associated with his father in practice. The son has inherited to an eminent degree the many strong qualities possessed by the father, and has fallen heir to his skill as a surgeon and to a large and lucrative practice. The father's mantle has fallen upon worthy shoulders and will be worn with dignity, independence and grace. The younger Sims has enjoyed an excellent preparation and training in medicine. He is devoted to his profession, and has achieved already an honorable position in its walks.

Medical interests constantly exact new changes in medical publications as well as in medical institutions of learning. Medical editors and publishers are not exempt from the demands of an enlightened and progressive age. Each year competition in medical literature is sharpened, and the requirements of the profession become more stringent and exacting. To meet the professional demand for fresh news, cheap literature and scientific information constant changes are called for in the form and manner in which literary matter is presented to the reader. The beginning of the year 1882 witnessed the change of the leading monthly published by the Leas to a medical weekly. This change has been followed by the establishing of several weekly medical journals in the West and Northwest. It is now announced that the Appletons will change their journal, the *New York Medical Journal and Obstetrical Review*, from a monthly to a weekly, beginning January 1st, 1883. The *N. Y. Medical* is now ably edited by Dr. Frank P. Foster. In the form of a weekly it will enjoy the wealth and influence of the Appletons and will no doubt meet with financial success and at the same time retain its present high character for scientific work. The *Sanitarian*, so long edited by Dr. A. S. Bell, will also make

its appearance in 1883 as a weekly. The *Archives of Dermatology*, a well-known quarterly journal, edited by Dr. L. Duncan Bulkley, suspends publication after the appearance of the number for the present quarter.

The *Journal of Cutaneous Diseases*, a monthly publication, edited by Dr. H. G. Piffard and Dr. P. A. Morrow, will fill the gap made vacant by the retirement of Dr. Bulkley's journal from the dermatological field.

The Cartwright lectures will be delivered this year by Dr. Belfield, of Chicago.

## SOCIETY REPORTS.

### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD OCT. 20, 1882.

SAMUEL THEOBALD, M. D., President, in the Chair.

(Specially reported for the *Maryland Med. Journ.*)

SPECIMENS OF BLADDER, URETERS AND KIDNEYS FROM A CASE OF SURGICAL KIDNEY.—*Dr. Tiffany* reported the case of a man in middle life who entered the Baltimore Infirmary, having just returned from a sea voyage, complaining of wandering pains of short duration. He said he had had rheumatism before. In a few days he was well. He then said he had a stricture, and upon examination a lump was found three inches within the meatus, through which a No. 7 catheter was passed into the bladder. The stricture was of twenty-five years duration, and had been cut once some years ago. There were no symptoms of urethral fever. The stricture was cut to the regulation size. The next day he had a chill, and this was repeated every day until the fourth day. The tongue then was brown and death ensued a few days later, the diagnosis being pyæmia.

*Dr. Councilman* regarded the pathology of the case as rather simple. At the request of *Dr. Tiffany* he had made the *post-mortem* examination. The urethra was perfectly healed, and there was no inflammation at the site of the operation. Behind the seat of the stric-

ture there was a large saccular dilatation, and at the neck of the bladder there was a false passage beneath the mucous membrane and a small loss of substance in the mucous membrane of the bladder where the false passage entered. He thought the pyæmia was due to purulent infiltration of the tissues at the base of the bladder and venous absorption. The ureters and pelvis of the kidney were healthy. There were several small abscesses in the cortical substance of the kidney, all pyæmic not pyelo-nephritic in character. There were also small punctiform hemorrhages in the cortical substance of the kidney just underneath the capsule.

*Dr. Tiffany* said the patient must have had the false passage for some time, as he (*Dr. T.*) hadn't troubled the back of the urethra. He related two other cases. The first was in a man upwards of 60, with a stricture of thirty years standing seated in the membranous portion of the urethra. Rapid dilatation by Thompson's instrument was practised. The subsequent course was similar to that of the patient mentioned to-night. On *post-mortem* the ureters were found largely dilated and there were pyelo-nephritic abscesses. In the other case he could only get a filiform whalebone bougie through the stricture. No operation was performed. Chill took place the same day and death three days later. The ureters were found dilated, and there were pyramidal-shaped abscesses in the kidney as though the pyramids had softened down.

In the case first described he did not expect any bad result, not regarding operation upon the pendulous urethra as any more serious than that of cutting the meatus. He thought it singular that there was no pyelo-nephritis found, although the symptoms were similar to those observed in the other cases. He was inclined to regard the trouble as of reflex character. Suppression of urine took place almost immediately after urethral examination or operation in all three, which could scarcely be regarded as symptomatic of pyæmia.

*Dr. Councilman* referred to the loss of substance in the neighborhood of the bladder; that surface may have been

irritated by the cutting, etc. Doesn't see a necessary connection between the operation and the pyæmia. Thought the patient might have gotten the pyæmia if no operation had been done.

*Dr. Chambers* said that it was highly probable that the suppression was due to the secondary abscess of the kidney. The shock to the patient from the effect of the operation on the urethra was sufficient to act as the exciting cause of the pyæmia, since the *post-mortem* showed the condition of the posterior portion of the urethra to be one at any time likely to set up pyæmia.

**IODIFORM IN PURULENT CONJUNCTIVITIS.**—This was the title of a paper read by *Dr. Harlan* (published in our last issue).

**TUBERCULOSIS AS AN INFECTIOUS DISEASE.**—*Dr. Councilman* read a paper upon this subject (also published in the last number of this journal).

*Dr. Percivall* said in 1846 he was called upon by a wealthy gentleman living seven or eight miles from him in Alabama whose wife was under Gerhard, of Philadelphia, for phthisis. She died, and he married a young and healthy woman who also died in eighteen months. He married again and again until at the beginning of the war he had had seven wives, all of whom had died of phthisis. The first wife's sister told *Dr. P.* that she had been healthy up to marriage. All the others were also in good health previously; the seventh weighed 200 pounds, yet in eighteen months she died. The husband was a tall thin man and without phthisis; but he emitted a peculiar and disagreeable "rat" odor, which the speaker believed had something to do with the illness of his wives. He died some years after the war, but the cause of his death was not known. A child by his first wife was healthy. Was not aware of any of his children dying of consumption. There were no unsanitary conditions about the locality or residence which might explain the facts stated.

*Dr. Donaldson* had for a long time believed in the infectious nature of phthisis. He knew nothing personally about the bacillus and hence could say nothing about the alleged connection.



*Dr. Bermann* remarked upon the large number of bacilli in the field of the microscope. He had not found them in so great proportion in the sputa, and Koch says only a few, sometimes one or two, appear in the field. He had examined sputa from a good many cases in which the diagnosis was in abeyance and had found the presence of the bacillus a reliable diagnostic sign of the tuberculous nature of the case. All sputa contain micrococci and bacilli, but by staining after Ehrlich's method, first with fuchsin and then with methyl-violet and Bismark brown, the specific bacillus can be distinguished from the simple by the tubercle bacillus being red, the other bacilli blue and the cells brown. He had met with difficulty—in fact found it impossible to demonstrate the bacilli by artificial light, because the different colors do not show in such light.

As regards the former investigators in this field, Klebs certainly deserves to be mentioned in the first place because although he did not discover the color test which makes recognition absolutely certain, he cultivated and successfully inoculated with virus containing tubercular bacilli. He also was able to demonstrate at the German scientists' meeting in Cassel in 1878, where he (Dr. B.) had the pleasure of meeting him, the results of cultivation and inoculation with syphilitic virus on a female monkey, the skull of which showed the peculiar devastation produced by tertiary syphilis. Further information will be obtained by reference to *Archives of Experimental Pathology and Pharmacology*, vol. x, p. 161.

Dr. B. further said he had found bacilli in malarious blood and in that of syphilis, and would take pleasure in demonstrating them at any time to his colleagues. He believed that all such diseases would shortly be proven to be due to bacilli.

*Dr. Councilman* said the specimen exhibited was from the sputa of a patient in the advanced stage of phthisis with cavities. All the bacilli shown were specific. In the cells and between the cells lining tubercular cavities we find the bacilli in large quantities. In the specimens from Koch and Ehrlich that Dr. C. had seen the bacilli were present in greater quantities than in the specimen shown.

*Dr. I. E. Atkinson* said he had no personal experience in such investigations but only such as was derived from the labors of others. He would make a reservation. He believed tuberculosis has been proved to be an infectious disease. The bacillus may be constant and yet not essential—not the essence of tuberculosis. There must be a certain amount of reserve before the causative relationship is accepted into the storehouse of science.

*Dr. Councilman* said the cultivation in the test tubes proves the relationship. He had not himself practised these cultivations but had seen many done by others. In reply to Dr. Bermann he said he had not discovered the bacilli in the blood.

## BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD OCT. 23, 1882.

CHRISTOPHER JOHNSTON, M. D.,  
President, in the Chair.

(Specially reported for *Md. Med. Journal*).

The Association was called to order at 8.30 P. M., sixteen members being in attendance. The Treasurer reported all bills paid and \$31.77 in hand at this date. Dr. C. H. Cockey was proposed for membership.

FATAL SMALL-POX FOLLOWING AN APPARENTLY SUCCESSFUL VACCINATION.—*Dr. Ellis* reported the case of a boy, æt. 6 years, who came under his care with a very sore arm, the result of a primary vaccination performed some days before by the ward vaccine physician. He had a chill and fever which Dr. E. supposed was due to the arm, which was apparently taking well, a sufficient time having elapsed for the development of vaccinia. Four days after Dr. E. first saw him, small-pox appeared, and death occurred on the fifteenth day of the disease. The source of the virus employed could not be ascertained. Although the arm was much swollen, could not say it was a genuine vaccinia. The small-pox prevailed near by.

MALIGNANT DIPHTHERIA AND TREATMENT OF DIPHTHERIA.—*Dr. C. H. Jones* reported several cases of very malignant diphtheria in the same fam-

ily. The ages ranged from 8 months to 9 years. The attack began with chill, high fever and vomiting, followed in a few hours by swelling of the cervical glands, fall of temperature and death within twenty-four hours from the beginning. There was no deposit in the throat except in one case (which recovered) but the throat had a blue appearance suggestive of gangrene. He attributed the deaths to septicæmia. There was an extremely acrid and fetid discharge from the nostrils. A lady who attended the children had a deposit in her throat. In the treatment of these cases reliance was placed on quinine and iron.

*Dr. Erich* said that if diphtheria were seen in twenty-four hours from the beginning not one case in a hundred need die. When it affects the larynx and trachea there might not be time to get the results. *Dr. Erich's* treatment (which has already been published in a previous number of this journal) consists in the administration of the following formulæ: *R.* Tinct. ferri chloridi 3 ii, quiniæ sulph., gr. viii, syrup simp. 3 iv. *S.* One teaspoonful every  $\frac{1}{2}$  to 1 hour, day and night, and no water to be taken immediately after. *R.* Acid. benzoic. 3 ij, sodii benzoat. 3 iij, aquæ 3 xij. *S.* Teaspoonful every hour. These are to be alternated. The last should be dropped as the patient improves, as it is liable to disagree with the stomach. Usually by these means the fauces are cleaned off within the first twenty-four hours, leaving bare the rough surface where the deposit had been.

*Dr. Ellis* had copied *Dr. Erich's* prescriptions a year ago, when the latter first mentioned them before the society, but his experience did not accord with *Dr. Erich's*. He had given them faithfully and had seen cases of diphtheria die while taking them, even when there was no laryngeal involvement. They answer very well in mild cases with slight deposit. His experience embraced some twenty-five to thirty cases during the past year; had seen ten in the last two weeks.

*Dr. D. J. Reinhart* had so much confidence in the efficacy of the tinct. ferri, chlorat. potass. and quinine, given every two hours, that he would use nothing else. He does not use any local treat-

ment. He believed that the reason why *Dr. Ellis* said the treatment was good only in mild cases, was because the remedy makes the cases mild. Three cases were related in illustration.

*Dr. Perkins* confirmed the efficacy of *Dr. Erich's* remedies.

*Dr. Erich* suggested that *Dr. Ellis's* failure might have been due to the child having spat out the medicine or having taken water immediately after.

SUCCESSFUL TRACHEOTOMY FOR DIPHTHERITIC CROUP.—*The President* reported the following case: On the 11th inst. a child, æt 15 months, was brought to his office with fauces covered with diphtheritic deposit. *Dr. Erich's* prescriptions were ordered—the doses to be alternated every hour. The patient was placed in a room filled with vapor at 78 to 80° F.; nourishment and stimulants were ordered. On the night of the 12th, was called and found the deposit increasing. The throat was ordered to be touched three times a day with a mixture composed of carbolic acid, one part, Monsel's solution, two parts, and glycerine three parts. Notwithstanding the symptoms increased until 3 A. M. on the 15th, when he was obliged to perform tracheotomy. The time of operation was optional and hence the most favorable occasion was chosen for it. The Durham canula was employed and the operation was a success. The cough continued after the operation with ejection of shreds of membrane from the throat. Quinine and iron continued in fifteen drop and two grain doses respectively. On the 19th recovery had advanced so far as to justify an attempt at removal of the tube. This was begun by placing a cork in its extremity; at the elbow the tube contained an opening through which air could pass upwards. The tube was removed on the 20th and the child did well. The next day the diphtheritic deposit had affected the nose; there was no obstruction in the nares, but there was some paralysis of the velum producing snoring. For this  $\frac{1}{100}$  gr. doses of strychnia with fifteen drops of tincture of iron were ordered. In *Dr. J.'s* experience all cases of diphtheritic paralysis get well if recognized and treated.



DECEPTIONS OF AN HYSTERICAL WOMAN.—*Dr. Erich* reported the case of a lady who complained of a severe pain in one eye. All the symptoms of glaucoma were present and iridectomy was performed with relief. The other eye soon after became similarly affected and the iridectomy was done with equally good results on that eye also. The symptoms recurring, the iridectomy was repeated in each eye, making four operations in all. Previous to this the patient had been receiving large doses of morphia hypodermatically. It was now found that injecting water produced the same effect as the morphia. Acting on this hint a fifth operation of iridectomy was feigned to be performed whilst the patient was under the influence of chloroform. The result was the same as when the operation itself was done, thus showing the hysterical nature of the case. After this the patient complained of pains in the abdomen, which were relieved upon the discharge from the vagina of a large clot of blood. Deep ecchymoses were found under each eye; the lower half of the abdomen and the nails were altered to a dark blue color. The complexion and color of the face, however, were good. On account of these symptoms *Dr. E.* was called in. He found on examination that the ecchymosis was superficial, and he was satisfied that it was artificial. The womb was  $2\frac{1}{2}$  inches in depth and otherwise not abnormal. He then sent for some oxalic acid and applied it to the discolored parts whereupon the supposed ecchymoses disappeared, and it was shown they were due to ink.

*Dr. Friedenwald* said this woman at first had undoubted corneal trouble, which could not be feigned. This was cured. Then she had dilated pupil and symptoms of glaucoma, first in one then in the other eye. For this two operations were performed on each eye. But the pains continued in the eyes, requiring large doses of morphia hypodermatically, and *Dr. F.* was again called in. He now detected hysteria and gave injections of simple water, as stated, with the same result as with the morphia. He now left the case for six months; after this he was again recalled on account of eye trouble. Feigning being suspected the

patient was anæsthetized with chloroform and a pretense of operating on first one eye and then the other gone through with. She was then charged with her deception and virtually confessed. This lady was in good social position, amiable and of more than average intelligence, and instead of exaggerating showed a disposition to underestimate her troubles. She had received a great mental shock from having come near poisoning her husband shortly after her marriage.

*Dr. Erich* said he took quite another view of the poisoning. She had rubbed arsenic on the bottom of ginger cakes (of which her husband was quite fond) and then placed them on the mantelpiece; he came in and found them there, ate them, and did not recover from the effects for a year.

The meeting closed with some remarks by the President, who suggested improvements in the method of conducting the proceedings, which are well worthy of consideration by the members.

## EDITORIAL.

"AN ORDINANCE TO PROTECT THE PUBLIC HEALTH."—The first section of the new ordinance, recently passed by the City Council of Baltimore, provides that "every physician shall report to the Commissioner of Health, in writing, upon blanks to be furnished by said Commissioner, every person having small-pox, cholera, yellow fever, malignant diphtheria or scarlet fever, and varioloid, \* \* \* such report to be made within twenty-four hours after the first visit if \* \* \* not previously made by some other physician." Literally construed this language means every person afflicted with five different diseases, and not with one only of the six named. The "and" before varioloid is to be understood also between the other diseases named, except between diphtheria and scarlet fever; so that the section would read when the understood "and" is supplied, "every person having small-pox, and cholera, and yellow fever, and malignant diphtheria or (malignant?) scarlet fever, and varioloid."

Laws are intended to be construed literally, and sometimes everything depends upon the very smallest word, syllable, letter or even punctuation mark. So that it cannot be said that the writer meant so and so, but we must take his language in its full absurdity, as requiring us only to report those cases where the individual is suffering at one and the same time from small-pox, cholera, yellow fever, varioloid, and malignant diphtheria or scarlet fever (either may make up the legal quintette). And again, the requirement to report within twenty-four hours of the first visit is a most unreasonable demand since in the nature of the case this is impossible. Cases constantly occur where the difficulties of diagnosis are so great that it is impossible to say with certainty, within so short a time from the beginning, the nature of the disease, yet the ordinance leaves no alternative but to pronounce the diagnosis or to suffer the penalty. We do not see how a physician is to know whether the case has been previously reported by another physician or not. Suppose that another physician has seen the case, must the attendant give up his time to go in search of the other physician to learn whether he has already reported the case or not? The blanks referred to in this section have already been distributed—one now lies before us. It is a postal-card, on which are spaces to be filled not only with the name and place of residence (as provided for in the ordinance) but also the *age, color and birthplace*, of which the ordinance makes no mention. In one corner of this card are the "Diseases to be Reported;" among these we find in addition to those specified in the section—*typhus and typhoid fever, cerebro-spinal meningitis, "and all other contagious and infectious diseases."* Are we then, Mr. Commissioner, to report cases of chicken-pox, measles, erysipelas; of syphilis, gonorrhœa and itch—and even of consumption? for all these come under the headings of contagious or infectious diseases.

Section 2 relates to death certificates, and requires physicians to report in writing to the Commissioner of Health the death of patients who have died "of

contagious or infectious disease" [no limitation] within twenty-four hours thereafter. The requirement hitherto, and still in force with regard to ordinary non-contagious diseases, was that all death certificates should be furnished to the undertaker, or other person superintending the burial, within *forty-eight* hours.

Section 3, 4 and 5 imposes upon householders, managers of public institutions, ship masters and others the similar duty of reporting "contagious and infectious" diseases.

Section 6 relates to the sale or conveyance of infected articles, which is forbidden without the permit of the Commissioner.

Section 7 forbids the removal of those sick with "any contagious disease" from one building to another, or from a vessel to the shore without the Commissioner's permit.

Section 8 directs the burial of the bodies of persons who have died "of any of the contagious diseases mentioned in the first section, within twenty-four hours after death" unless extension of time be granted by the Health Commissioner.

Section 9 provides that whenever a disease of a "contagious and infectious character" is discovered in an unhealthy or crowded part of the city, and in a house filthy and neglected or inhabited by "too many" persons, the Commissioner may, by advice and consent of the Mayor, compel the inhabitants to remove and go into other buildings until their own may be cleansed, disinfected, etc.

Section 10 gives the Commissioner power—with the approval of the Mayor—to fence in and guard by sentinels houses or localities where the diseases mentioned in Section 1 exist.

Section 11 provides that when a disease exists "dangerous to the public health" [syphilis?] the Commissioner may cause "any sick and infected persons" to be removed to any building which he, with the approval of the Mayor, may select for their reception, and in case the person may not be in condition to be removed, the house in which he or she is to be considered as a hospital, and "all persons residing in or in any way concerned within the



same, shall be subject to such regulations" as the Commissioner and Mayor may prescribe.

Section 12 gives the Commissioner power to put up yellow flags on infected houses.

Section 13 gives him power to remove or detain baggage, clothing, goods, etc., which he may "suspect" to be infected.

Section 14 renders vaccination compulsory within the first year of life, and revaccination obligatory "after five years from the last vaccination," whenever the Commissioner requires it.

Section 15 requires the vaccination of all persons and revaccination in infected districts whenever it is necessary in the Commissioner's opinion.

Section 16 and 17 forbids the conveyance of those suffering with small-pox etc., or "other *contagious* diseases" or the bodies of those "known or supposed" to have died from small-pox, etc., "or other *infectious* diseases" in any vehicles but those set apart for the purpose.

Section 18 provides for the disinfection, by the owner, of vacant houses where persons have been sick with small-pox, etc., "or other contagious diseases."

"Section 19 provides for the appointment, whenever the Commissioner and Mayor deem it expedient, of extra vaccine physicians.

The last section—20—provides fines for violating, disobeying, omitting, neglecting, or refusing to comply with or resisting the ordinance; from \$1 to \$200 for each offense, except in the case of vaccination, for the refusal of which the fine shall not exceed \$10.

The faults of this ordinance appear to us numerous and obvious. In it a modicum of good is mingled with a great deal that is bad. Notification of infectious diseases and compulsory vaccination are desiderata, but the wisdom and justice of accompanying them with the conferring of such arbitrary powers upon one individual and with such deprivation of the rights and convenience of other individuals is in our opinion more than questionable. The grammatical and other faults in it indicate sufficiently that it must have originated

with some one not only inexperienced in the framing of laws but also unfamiliar with literary composition, and we are not surprised, therefore, to learn that its author was of the sartorial persuasion. But it is strange that it should have received in its present form the sanction of the legal gentlemen who constitute a part of the City Council. The most hopeful view of the case that we can see is that the provisions of the ordinance are in their very nature impracticable and hence are not likely to be enforced. We are very glad to know that this opinion, expressed by us in the last number of this journal, is coincided in by the eminent sanitarian, Dr. J. S. Billings, of Washington. We are certain of one thing: that its proper or acceptable enforcement will demand greater judgment, tact and intelligence than are at present available. But even if it should not be enforced at once, as long as it remains upon the statute book unrepealed, it is a standing menace to the rights and privileges which the medical profession has always held most sacred.

"BULLDOZING" THE MAYOR.—Some wicked men [not doctors especially, although they have had a hand in the naughty work] have been "bulldozing" our worthy mayor and preventing the election of the judges whom he had chosen to preside over our courts and decide—against him of course—the cases in which he might be employed as counsel. It is strange that people should be so lost to all sense of propriety as to prefer judges of their own selection to judges of his Honor's selection, but alas! times are not as they once were! Who knows but that this thing may go so far as that the doctors—those meek and submissive creatures—backed by public sentiment may demand and demand successfully that men of capacity and high professional standing shall be appointed to the public medical service and may be on the watch for objectionable health laws instead of leaving such things to the tailors, bakers, and candlestick makers.

TYPHOID FEVER EPIDEMIC IN PARIS.—About the end of September this disease began to exhibit an unusual fre-

quency in the French Capital and at the latest accounts it was prevailing there epidemically. The weekly mortality increased in consequence from 932 for the week ending September 21st, to 1174 for that ending October 12th, and the mortality from typhoid fever from 53 to 250. The subject was introduced into the French Academy, by M. Marjolin at the Séance of October 24th, when the majority of those who spoke were inclined to attribute its prevalence to the inefficacy of the law relating to unhealthy dwellings. This law enacted in 1850, it seems, has never been enforced. The practical importance of the subject at this time led to its adoption as the order of the day. It will doubtless receive very thorough treatment at the hands of the French pathologists and much light may be expected to be thrown upon it by the facts and opinions which will be elicited.

## REVIEWS, BOOKS & PAMPHLETS.

*Cerebral Hyperæmia; Does it Exist? A Consideration of Some Views of Dr. Wm. A. Hammond.* By C. F. BUCKLEY, B. A., M. D., formerly Superintendent of Haydock Lodge Asylum, England. G. P. Putnam's Sons, New York: 1882 8vo. Pp. 129.

The title of this work is somewhat misleading. The author does not deny the occurrence of cerebral hyperæmia, both active and passive. This, indeed, could scarcely be a subject for discussion at this day when the theoretical grounds against its existence based upon the absence of atmospheric pressure upon the brain, and the practical incompressibility of the cerebral structures by the heart's action, are known not to be the only factors concerned in the question. The discovery of the peri-vascular lymph spaces and the complementary increase or diminution of the cephalo-rachidian fluid have given a scientific explanation of a fact which pathology and clinical observation had rendered already sufficiently apparent. It is rather at a

special form of "hitherto unrecognized cerebral hyperæmia, additional to and distinct from these," and described by Dr. Hammond in his monograph on "Cerebral Hyperæmia," that the author levels his criticism. The author, who impresses us as rather being impelled to his self-imposed task by some personal grudge against Dr. H. than by an honest "search for truth," although he claims the latter to be his motive, deals with the monograph in detail; he points out the entire absence of pathological facts in its pages, as all the cases of the new disease recovered; that the symptoms of this alleged arterial expansion, viz., wakefulness, illusions, hallucinations or delusions, mental introspection, vertigo, heat, pain and fullness in the head, are not characteristic, being common in diseases with which we are familiar; that these symptoms have already been pointed out by Trousseau as among the results of a disordered stomach; that many of Dr. H.'s claims of originality—as in first announcing the calmative effect of bromide of potassium, in proving that sleep is due to diminished blood supply to the brain, and in pointing out the nervous origin of chlorosis—are without foundation, ect. Whilst the subject is well handled, we cannot feel that the author has strengthened his cause by his unnecessary abuse. Such expressions as "most flippant," "disjointed," "contradictory," "extravagant unreason," etc., savor more of personal enmity than of scientific inspiration.

*Speech and its Defects Considered Physiologically, Pathologically, Historically and Remedially.* By SAMUEL O. L. POTTER, M. A., M. D. The Prize Thesis of the Jefferson Medical College. P. Blakiston, Son & Co. Philadelphia: 1882. 8vo. Pp. 117.

That females so seldom suffer from impediments of speech is ascribed by the author to the fact of their being more under maternal—and hence presumably gentle—influence in childhood than the opposite sex. The author points out how the subject is almost completely



ignored in education, although 200,000 persons suffer from such troubles in the United States alone. Speech defects are divided by the author into "alalia," due to psychical or paralytic affections, as aphasia, labio-glossopharyngeal-paralysis; "paralalia," defective pronunciation, as lisping, etc., and "dyslalia," stuttering. Of the latter, numerous examples among great men are given: Moses, perhaps Paul, Canon Kingsley, Louis XI, Demosthenes, Curran and others are said to have been stammerers. As to the cause of stuttering it has been attributed to local causes, to psychical causes, to deranged nerve function, to imitation and habit, and in accordance with these views the treatment has been mechanical, surgical, elocution, attempts to educate the will, etc. A great number of authorities are quoted upon these points. The predisposing causes, according to the author, are any circumstances which weaken the will-power or shock the nervous system; the principal proximate causes are imitation and mental expectancy, leading to "a vicious habit of speech." The prognosis is favorable if treated in early life and perseveringly. The only rational and efficacious treatment is disciplinary exercise of the respiratory, vocal and articulating organs, aided by the exercise of the patient's will-power. Tricks are only to be considered as auxiliaries. The author's personal experience gives increased value to his observations. The subject is here ably presented and is well worthy of the attention of the practitioner who may at any time come in contact with such cases. Any intelligent physician with patience and self control—the author tells us—may undertake the treatment of stammering.

ERRATUM.—On page 322, 1st column, 22nd line from top, instead of "patient" read "patent."

## MISCELLANY.

THE TREATMENT OF EMPYEMA.—In an article on the above subject (*Amer. Journ. Med. Sciences*, Oct., 1882) Dr. W. C. Dabney sums up the following conclusions: 1. "Medical" treatment, as it has been called, namely, treatment without operation, occasionally gives favorable results, but is not advisable, inasmuch as cases so treated are liable to terminate in one or other of the following ways: (a) Sudden death, (b) exhaustion, (c) suffocation, (d) phthisis, (e) septicæmia, (f) calcareous degeneration of the pus, (g) secondary pneumonia and gangrene of the lung, (h) peritonitis from the bursting of the empyema into the peritoneal cavity, (i) amyloid degeneration of the liver, kidneys, etc.

2. Aspiration has given good results in the case of children, and should be tried in them before the radical operation is resorted to.

3. Free incision into the pleural cavity is usually necessary, and the best point for such an incision, when only one is made, is at the lowest point of the purulent collection, and directly below the angle of the scapula. Costal resection is to be avoided if possible, especially in children.

4. Continuous is preferable to intermittent drainage, because (a) the danger of absorption is thereby lessened, (b) there is usually less danger of irritative fever, (c) the empyemic cavity is placed in a better position for healing. Continuous drainage is best effected by a drainage tube.

5. Through drainage is only advisable in cases where the discharge is very fetid, and where a single opening has proved insufficient.

6. The thoracic opening should not be allowed to close if more than two drachms of pus are discharged daily.

7. The danger of sudden death during thoracentesis or injection of the pleural cavity, when proper care is

used, is so slight that it may practically be disregarded; but when injections are used, especial care should be taken to see that they have a free outflow.

8. Simple injections of pure water are often sufficient, but compound tincture of iodine, one part to four of water, is devoid of danger, and hastens recovery. This will usually check fetor also; but if it does not, salicylic acid or permanganate of potash in one-half or one per cent. solutions may be employed. Carbolic acid is dangerous, as is boracic acid also.

9. Listerism would probably be advisable in city or hospital practice, but is of doubtful efficacy in the country, and under no circumstances should it be allowed to interfere with through drainage.

TOBACCO AMBLYOPIA.—*Kronhjelm (Recueil D'Ophthal., April 1, 1882)* records three cases, two in females, in one of whom the patient was already color-blind for red and green. The first case was a sailor, æt. 36, who had smoked eight to ten pipes daily but who did not indulge in alcohol. Only treatment, abstinence from tobacco, and this within twelve days brought vision up to normal. The second case was in a woman, æt. 51, who both smoked and chewed on account of cough. Treatment, abstinence and electricity. Amelioration was here spread over a month. The third case was also a woman who had smoked three pipes of strong tobacco daily for some years. In both eyes there was a scotoma; with the right neither red nor green could be distinguished, but only blue; in the left none of the three. The author believes these are the only two cases on record of tobacco amblyopia in females.—*Lond. Med. Record*, Oct. 15.

VIBURNUM OPULUS IN DYSMENORRHŒA AND UTERINE PAIN.—*Dr. A. E. M. Purdy* calls attention (*N. Y. Med.*

*Journ. and Obstet. Review*, Nov., 1882) to the use of this drug for the relief of dysmenorrhœa and uterine pain and reports a series of cases showing its beneficial action. He claims upon the authority of Hale that it is a powerful antispasmodic, and is very effective in relaxing cramps and spasms of all kinds, as asthma, hysteria, cramps of the limbs and other parts in females, especially during pregnancy; and it is said to be highly beneficial to those who are subject to convulsions during pregnancy, or at the time of parturition. In the treatment of spasmodic dysmenorrhœa Hale prescribes the tincture, a few drops three times a day, for a week previous to the expected period. When the pain commences he gives it every half hour, or every fifteen minutes if the pain is severe. He has found it equally useful for the severe false pains preceding normal labor, and also of great value in after pains, given after every pain.

Dr. Purdy has been in the habit of giving the concentrated tincture in five or ten minim doses for neuralgic dysmenorrhœa, uterine colic and as a uterine sedative in cases of threatened abortion. He believes it more certain in its action than the viburnum prunifolium. Viburnum opulus is a handsome shrub growing in low, rich lands, woods and borders of fields in this country and Europe. It flowers in June. The flowers are succeeded by a red and very acid berry resembling the common edible or low cranberry. The bark is the medicinal part used.

MEDICAL EXAMINERS VS. CORONERS.—The Report of the Executive Board on the Work of Medical Examiners in the State of Massachusetts for the year 1880 (*Trans. Mass. Med. Leg. Soc.*, vol. I. p. 20) is an instructive document. In that State coroners have been substituted by medical examiners, who examine the bodies of all persons suspected to have died from



violence; and an inquest is held only in these cases where this is absolutely necessary. During 1880, the total number of views was 935; necropsies 229; inquests held 197. The cost to the State, as compared with the old system, is reduced by more than 20 per cent.—*Lond. Med. Record*, Oct. 15.

**SPRING GROVE (MARYLAND) INSANE ASYLUM.**—The report of the Superintendent, Dr. Gundry, for the year ending Oct. 31st, shows that there are 409 inmates in the institution. The report of the Treasurer shows that the expenditures during the year amount to over \$80,000. It was necessary to borrow \$2,500 to meet the expenses, so that the bills would not go over unpaid, but there is considerable money due the institution from the counties for caring for patients. The asylum is overcrowded and more room is necessary.—*Sun.*

**SUCCESSFUL MIDWIFERY—BABY INCUBATOR.**—The most successful results ever obtained in the Maternité Hospital in Paris (a mortality of only  $\frac{3}{4}$  of one p. c.) have been reached in the new pavilion, of which M. Tarnier says: Each patient there has a separate room, entered from without, so that a nurse can only pass from one to another by going outside into the open air. The furniture is of japanned iron; the floors, walks, and ceilings of impermeable concrete. The mattresses and pillows are stuffed with cut chaff, which is burnt after use in every single case. For the McIntosh sheet is substituted one of brown paper, made impermeable by pitch; this is burnt after use. For the washing of the genitals weak solutions of bichloride of mercury are employed as being the best and most powerful germicide. The same enthusiastic accoucheur has invented a sort of incubator in which babies of an age heretofore considered non-viable are placed. This machine consists of two

compartments, the lower containing hot water to furnish the heat, and the upper for the reception of the child, where he is enveloped in cotton and under a glass tube. The results are said to be very encouraging.—*Bost. Med. and Surg. Journ.*

**SOCIETY BULLETIN.**—*Clin. Soc. of Md.* will meet Friday, Nov. 17th, at 8 P. M.; Dr. Theobald on "Suggestions Regarding the Local Treatment of Some of the Commoner Affections of the Ears." *Acad. of Med.* will meet Tuesday, Nov. 21st, at 8.30 P. M. *Med. Ass'n* will meet Monday, Nov. 27th, at 8.30 P. M.; Dr. Erich on "Treatment of Non-Puerperal Uterine Hemorrhage." *Med. and Surg. Soc.* meets every Wednesday, 8.30 P. M. *Section on Obstet. and Gynecol., M. and C. F.*, will meet Friday, Nov. 24th, at 8.45 P. M.

#### MEDICAL ITEMS.

FOR patients who have to use iodoform for certain purposes it is advised to spread some of the ointment on muslin and bandage a finger with it. Thus the purpose for which the agent is used can be concealed.—A practitioner in Texas (fortunately irregular) is said to have diagnosed a case of small-pox as "erysipelas from the toes to the knees, measles from the knees to the waist, and seven years' itch from the waist to the top of the head."—The Maryland College of Pharmacy has passed resolutions in favor of a State Pharmaceutical Association and a State convention will be called to carry out the proposition. A committee of prominent druggists of Baltimore is engaged in preparing a plan for the organization.—Camille Joseph Davaine, the distinguished French pathologist and member of the French Academy of Medicine, is dead aged 70.—A death from chloroform is reported as having recently occurred in the practice of a prominent gynecologist in this city.

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF


## MEDICINE AND SURGERY.

EDITORS:

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SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

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ASHBY & CORDELL, PROPRIETORS, 29 Park Avenue.

WHOLE No. 99.

BALTIMORE, DECEMBER 1, 1882.

VOL. IX, No. 15.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### NOTES OF TWO CASES (NINTH AND TENTH) OF OVARIOTOMY.

BY H. P. C. WILSON, JR., M. D.

Gynecologist to St. Vincent's Hospital, etc.

(Read before Balto. Acad. of Med., Nov. 7, 1882).

I. Mrs. J. L., of W. Va., æt. 31, married, mother of one child, three years old at the date of my seeing her. Never pregnant but once. Was brought to St. Vincent's Hospital, Baltimore, and placed under my care, July 5th, 1881.

On July 1st, 1880, she noticed the lowest part of the abdomen commencing to enlarge, but took no particular notice of it until Oct. 15th, 1880, when she missed her menstruation for the first time in her life, except when she was pregnant. From this time on for months she was considered to be pregnant.

She had many physicians and they differed greatly in their diagnosis. One physician, of much distinction in W. Va., diagnosed extrauterine abdominal pregnancy, another tubal

pregnancy, another ascites, another a fibro-cystic tumor, another an ovarian tumor. April 6th, 1881, she was tapped for the first time, and 2½ gallons of thick, molasses-like fluid drawn off. Still the size of the abdomen was not perceptibly diminished. June 4th she was tapped again and about two gallons of the same kind of fluid were withdrawn with much diminution of the size of the abdomen. Notwithstanding this, many of her friends still held to the idea that she was pregnant and were waiting for the nine months to end that she might be delivered. When she came to me she had not menstruated for nearly nine months.

An examination satisfied me that she had a compound multilocular ovarian tumor, uncomplicated with pregnancy. The sound showed the uterus to be three inches deep. Her physician, Dr. S., (under whose care she had been only for a few months) coincided with me.

She was exceedingly weak, but had great pluck and a strong will; and as she was growing weaker every day and I thought in her present condi-



tion, with two months of intense heat before her, she could not live till cool weather or ever be in a better condition for an operation, I determined to operate at once.

July 7th, commencing with chloroform and keeping up the anæsthesia with ether in the hands of Dr. W. B. Griffith, I performed ovariectomy, assisted by Drs. Robert T. Wilson, Severn Costin, Wm. F. Chunn, Wm. West, Claggett, Monroe, and H. C. Shipley (her physician), and removed a tumor and its contents weighing about 70 pounds. The tumor was compound and multilocular, attached extensively to parietes, omentum and uterus; the contents were gelatinous, cheesy, thick and thin fluids. There was much venous oozing from the points of separation of attachments. Pedicle broad and thin—about four inches broad. I compressed it with a clamp and tied, and then removed the clamp. Abdomen was closed with six silver wires, and a drainage tube was put in lower angle of abdominal incision.

The shock was great. She was given about four ounces of brandy hypodermatically to carry her through the operation in addition to several hypodermatics of ether and aqua ammoniæ. She was given very little anæsthetic, so weak was her condition. The whole operation lasted a little over one hour till she was put to bed. She was given rectal enemata of brandy and ammonia. She was wrapped up in blankets, and bottles of hot water placed all around her. Brandy and milk were thrown into the bowels every two or three hours. Still she never rallied from the shock. At times she would have no perceptible pulse for three or four minutes, then a slight flickering pulse for an hour or two. Death took place thirteen hours after the operation.

2. E. C., æt. 27, single, born in Ireland, menstruation always regular ill Nov., 1881, since which has re-

curred every two weeks, lasting four to seven days. First noticed swelling in lower abdomen Dec., 1881; up to that time her health had been excellent. Was then compelled to leave her service-place as nurse. Was seen by Dr. Monmonier, who tapped her March 22nd, 1882, telling her she had a tumor. He drew off about a pint of darkish fluid. Four days after, a good deal of fluid was discharged from the wound, and continued to flow considerably for two days; it then lessened, but some flowed nearly every day up to the time she entered St. Vincent's Hospital (April 5th, 1882) fourteen days after tapping.

She now came under my care. I found her with a hard round tumor about the size of an infant's head, occupying the lower part of the abdomen, a little to the left side. Left leg and thigh nearly three times as large as right, and so œdematous that deep pitting was produced by pressure with the finger on the foot and leg. Could not walk or stand without much pain in left leg. Was pale, generally out of health and miserable. With purgatives, diuretics, tonics and nutritious diet, she steadily improved and the œdema of the leg disappeared, so that she was able to move about with comfort. She says that her left leg began to swell March 17th, 1882. Although general health gradually improved under the above, her abdomen was steadily enlarging. June 9th, 1882, she was so much better that I sent her to Hagerstown for the summer, or until my return from Europe in September. Here she had every care and comfort, and felt very well till August 1st, when appetite began to fail and swelling in legs, thighs and abdomen, increased rapidly. So great was her discomfort that she returned to St. Vincent's Hospital, Sept. 7th. Oct. 4th, I saw her again; she had great dyspnœa from enormous distension of the abdomen, and was not able to lie down day or night

or even lean back in her chair. Both legs and thighs were greatly swollen, the left twice as much as the right. Her features were pinched and she was a picture of distress. She had constant nausea, and she was sustained only by a little brandy taken from time to time.

Oct 6th she was tapped and about five gallons of thick fluid, very like thick flaxseed tea drawn off. An irregular hard tumor was then discovered on the left side of the abdomen, and a fluid and solid tumor on the right side, apparently meeting in the median line. There was clearness on percussion in the right lumbar region, but percussion very doubtfully clear in the left lumbar region. Navel protuberant. Abdominal veins enlarged. Uterine cavity  $3\frac{1}{2}$  inches in depth. The fluid drawn did not coagulate spontaneously.

Up to this tapping I had been in great doubt as to the character of the tumor, being inclined to regard it as fibro-cystic. The abdomen was rounded and flattened in front, as we more commonly see in such tumors, and not pointed about the umbilicus and oval, as in a well marked ovarian tumor. The uterus was too large for a woman who had never been pregnant. The clearness on percussion in the left lumbar region was very doubtful. The legs were enlarged and œdematous to an extent I have never seen in ovarian tumors; the left looked more like elephantiasis than simple dropsy, the skin being hypertrophied.

I now diagnosed a compound multilocular tumor of the left ovary, and sent some of the fluid to Dr. Drysdale, who replied that he found it to be ovarian.

Recovery from the tapping was satisfactory. Menstruation appeared on the 13th, lasting until the 20th. I then determined to operate as soon as possible, as the tumor was rapidly refilling.

Oct. 24th at bedtime the patient

took a dose of comp. liquorice powder, which operated freely next morning. After a light breakfast on the 25th she took ten grains of quinine in solution, at 12 a cup of beef tea, and at 1 a grain pill of opium. At 12.30 she received  $\frac{3}{4}$  of whiskey, was placed on a table and chloroformed. Assisted by Drs R. T. Wilson, Chunn, Schæffer, Milholland and Gorter, I made an incision of three inches in the median line below the navel. There was a gush of thin straw-colored fluid evidently ascitic; some two or three gallons escaped. The tumor now presented at the opening, and I passed my index finger into the pelvis to find the attachments, but could not, nor could I reach the uterus. The tumor was evidently compound and multilocular, but was it ovarian or uterine or both? To settle this I enlarged the incision upwards and downwards to  $4\frac{1}{2}$  inches. I then passed my hand and found the tumor closely attached to the whole fundus uteri—growing from this organ, as well as from the right ovary and right broad ligament. There was very little pedicle so intimate was the union between the tumor and these organs.

I then tapped cyst after cyst, the contents varying in color and consistency. The solid part of the tumor occupied the left side of the abdomen, the fluid, the middle and right. The tumor grew from the right ovary. The attachments were not of consequence except in the pelvis. In withdrawing the tumor many cysts ruptured filling the abdomen with fluid. After withdrawal I could not get at the pedicle owing to the size of the tumor and its close union with the uterus. I therefore squeezed the lower portion of the tumor into a Wells' clamp and cut it away above the clamp. Then raising the uterus forcibly above the pelvic brim, I transfixed the pedicle close to the fundus with a long needle and a strong silk ligature (soaked in a 5 p. c. sol. of carbolic



acid), and cut and tied the ligature on either side as tightly as I could. Not being able to bring the clamp out upon the abdomen without dangerous dragging on the uterus, I cut away the remaining portion of the tumor between the ligatures and clamp with the thermo-cautery, broiling well the stump and dropping it into the pelvis.

A few seconds after I found the pelvis filled with blood. I now passed a hand into the pelvis, seized the pedicle with an oöphorectomy clamp, and sponging away the blood found that one of the ligatures of the pedicle had slipped and a large artery was bleeding from the surface of the uterus near the right border of the pedicle. This was tied and the ligature cut short. A second and smaller artery was also tied in the same locality. I removed one of the ligatures and passed a second double ligature through the pedicle close to the uterus, cut and tied it on either side.

I then thoroughly cleansed the cavity by repeated sponging, and to check venous oozing painted the surface of uterus and surrounding peritoneum with Monsell's solution. The whole peritoneum was in a state of chronic inflammation, rough in parts and secreting serum freely. A hard rubber drainage tube was introduced and the wound closed with ten silver sutures. A linen cloth wet with carbolic solution was placed on the incision, and over this a rubber cloth with a hole in it large enough to admit the drainage tube. Over the mouth of the tube was placed a piece of carbolized sponge and the gum cloth was so folded as to hold any fluid that might escape from the tube. A bandage of cotton was loosely pinned over all.

Three hours were occupied in the operation and subsequent dressing. The carbolic spray was kept in constant operation in a distant part of the room. All instruments, ligatures, needles, etc., were taken from carbol-

ized water, and hands were washed from time to time in the same. The tumor and contents weighed about 50 pounds.

Three hypodermatics of whiskey were given during the operation. There was considerable shock. After being put to bed her temperature was  $96^{\circ}$ , pulse 76. At 10 P. M. temp.  $98\frac{1}{2}^{\circ}$ , pulse 92. The following night she passed very comfortably under black drop. Her menstruation made its appearance on the day following operation (26th). Only ice was permitted in the stomach. The urine was drawn twice daily. The sponge over the drainage tube was recarbolized four times a day. On the 27th there was slight retching. In the evening a few teaspoonsful of beef tea were allowed; temp.  $100\frac{1}{2}^{\circ}$ . Oct. 28th, had severe pain like colic quickly relieved by black drop. Passes urine involuntarily. Clothing and bedding changed. 31st, menstruation ceased. Wound has united by first intention. Takes beef tea freely. No discharge from tube. Nov. 1st, still incontinence of urine. Pulse and temp. natural. Free discharge of pus through and by side of tube. Tube removed, when on pressure ugly offensive pus, mixed with small clots of blood, came out freely, followed by a sanious offensive fluid. The opening where tube had been was kept covered with carbolized sponge. 2nd, offensive pus still discharging. Had soft boiled egg, toast and coffee for breakfast. 6th, appetite ravenous. Retains urine for the first time since operation. Free discharge of a more healthy pus. Syringed out wound with 5 p. c. carbolic solution, passing nozzle of syringe in a depth of four inches. More liberal diet.

(Today, Nov. 25th, she is sitting up well).

SIR THOMAS WATSON, now 90 years of age, had an attack of hemiplegia October 22nd.

## DIPHTHERIA.

BY W. E. WIEGAND, M. D., OF BALTIMORE.

(Read before Baltimore Medical Association, Nov. 12th, 1882).

Diphtheria is a term applied to an acute, febrile, contagious, infectious, asthenic blood disease, occurring both epidemically and endemically, without significant eruption.

It is characterized by a membranous exudation on a mucous surface, especially in the fauces, or upon an abrasion of the cutaneous surface; co-existent with this morbid production are divers other organic alterations which follow in a manner more or less regular and constant, and which testify the invasion of the entire economy by an infectious principle.

Although popularly believed to be a newly-discovered disease, there is distinct evidence, according to recent investigators, that diphtheria was known to ancient physicians as a malady of great virulence.

It prevailed in Egypt and Asia Minor; it is supposed to have originated in the former country more than 2,000 years ago, and was known under the name of Egyptian or Syrian ulcer.

Aretæus, in the second century, gives a minute description of a disease which, in all its essential characteristics, corresponds to diphtheria.

In the sixteenth, seventeenth and eighteenth centuries epidemics of diphtheria appear to have frequently prevailed in many parts of Europe, particularly in Holland, Spain, Italy, France and England, and were described by physicians belonging to those countries under various titles. Even our own fair and promised land has not been exempt from this terrible malady; for it has swept over the face of the continent and decimated many regions, having first made its appearance, as described by Dr. Samuel Bard, under the title of "An enquiry into the nature, cause and cure of the angina suffocativa, or

sore throat distemper, as it is commonly called by the inhabitants of the city and colony of New York," in the Transactions of the American Philosophical Society of Philadelphia, in 1789.

No accurate account of this affection had been published until Dr. Bretonneau, of Tours, in 1821 presented his celebrated treatise on this subject to the French Academy of Medicine, after its occurrence in 1818, and by him the term "le diphthérie" was first given to the disease.

The subject has since been largely investigated in both this country and Europe, especially in the latter, where epidemics more or less extensive have been of common occurrence, but while many important facts have been made out regarding the pathology of diphtheria, the real nature of the malady still appears to be undetermined.

By some it is regarded as primarily a blood poison, the local manifestation being secondary; while others hold—and this is the view now largely maintained by Continental and European authorities—that diphtheria is at first a local disease, the constitution becoming secondarily affected, or poisoned from the local affection.

This latter view receives support both from experiments in inoculation of the disease in animals, and from the discovery of the lower forms of vegetable organisms (bacteria, micrococci) in the diphtheritic membranes and surrounding tissue, as well as in the blood and other fluids of persons suffering from diphtheria, which (lower organisms) are supposed to be the infecting agents, both of the local affection and its constitutional manifestations. Whatever be the true explanation the following facts appear to be made out respecting diphtheria:

1. That it is a disease communicable both by infection and by contagion.
2. That grave constitutional disturbances, accompanied by the formation in the fauces of a false membrane,



are constant and prominent symptoms of this disease.

3. That certain important consequences are apt to follow diphtheria particularly some forms of paralysis.

The above facts, moreover, serve to distinguish this disease from true croup which, although in some cases presenting certain features of resemblance to diphtheria, differs from it in being a merely local inflammatory affection.

The contagiousness of diphtheria is very marked and has very unhappily been often exemplified in the case of physicians who have fallen victims to the disease, from inoculation with its morbid products when cauterizing the throat, or performing tracheotomy on those suffering from it, and many present can attest to its contagiousness, as we have in our own practice seen unmistakable instances of different members of the same family having contracted the disease from a primary case by personal contact with the sick child through the habit of kissing the patient during its sickness and after death.

The infectious nature is strongly maintained, and numerous authorities are not wanting to substantiate the truth of this assertion, as the presence of one suffering from diphtheria in a house is at times sufficient for its communication to the susceptible, however carefully kept apart, so that the infectious matter must to some extent be diffusible in the air, and the danger of infection is as great to some as that from direct contagion. As the disease is known to be communicable from person to person, through the agency of infected material, and the air we breathe, we can probably look forward to a partial exemption of our city within the next twelve months, since an ordinance to prevent the spread of contagious and infectious diseases has emanated from our City Council with

direct bearing upon the public school children of the city. It is known to be a disease affecting children during the school age more than at any other period of life; and the relation between the disease and schools is very close and important. It is very probable that through them such diseases as the one under consideration, scarlet fever and small-pox, are spread to such an alarming extent, and the ordinance will be the means of checking communicable disease throughout the city and State, for the two most important general principles of action in subduing the disease after the first case is reported to the authorities will be observed, namely, isolation of the sick, and complete disinfection of all infecting material; thus destroying the means of propagation.

Diphtheria is manifestly a constitutional disease, of an asthenic character, and the local affection, which is the expression of a specific morbid condition of the system, is secondary. In this as in other constitutional diseases the essential morbid condition is supposed to involve blood change, the nature of which remains to be ascertained.

This view is at present almost universally adopted. The chief arguments in favor of its being a constitutional disease are—its epidemic and contagious nature; the continued febrile action of an asthenic type which attends its course; the tendency to pseudo-membranous exudation on mucous membranes, or abrasions of the skin; the occurrence of albuminuria, and lastly development of paralytic sequelæ, showing the presence of some morbid agent acting especially upon the nervous system. As to the prevention of this formidable disease some very excellent suggestions have been advanced. In localities where diphtheria has occurred, after thorough investigation of the premises, sufficient cause has been discovered to produce it, either in a neglected, damp

and badly ventilated cellar, with decomposing animal or vegetable matter, cesspool, stagnant streams, or saturated grounds beneath the dwelling place, or in deficient trapping of the sewer pipes.

In the prevailing ignorance of the nature of this malady, various hypotheses have been advanced; the most probable is surely that which considers diphtheria a disease produced by microbes. The ideas of Pasteur have given progressive impetus to all these questions relating to contagious diseases by calling attention not only to the influence of inferior organisms on the production of morbid phenomena, but also by showing us how we may in certain cases by preventive inoculation, obtain protection from such affections. But to the present time we are ignorant of the mitigated vaccine which shall give us immunity from this terrible malady. As the diphtheritic deposit is a local manifestation of a general affection it stands for reason that the general malady, the primary cause, should first be treated; for by removing the offending cause, the local expression of the disease will soon abate, after removing the first deposit of pseudo-membrane from the fauces.

#### TREATMENT.

In diphtheria both general and local treatment is required. Some place their sole reliance on local applications and strengthening nourishment, forbidding absolutely all internal medicine; others again reject all local applications and are satisfied to confine their treatment to internal medication, at the same time sustaining the vital powers. Again others are of the opinion—and I coincide with them—that where we blend both together adding sufficient easily digested food and stimulants, the happiest results can be attained, for by so doing the disease can be attacked from two quarters, thus giving the double advantage

of subduing the enemy on one hand by vigorous constitutional treatment through the blood, the supposed channel by which it made its entry into the system, and on the other by boldly attacking its confronting ally, the pseudo-membrane, which lies within reach of our armamentarium. For who is there that will not take the advantage offered of eliminating from the system a poison which has such a deleterious effect, at the same time destroying its local expression, both of which agents have caused such frightful mortality within our city and brought sorrow to many a bright and happy home.

The question now arises what has been used? The more correct inquiry would be what has not been used to subdue this disease, from acacia to the preparations of zinc? Some of the remedies are known to be directly antagonistic; even blood-letting has been resorted to by some, which without a doubt was detrimental by removing the very element the blood most stood in need of to sustain the vital functions.

The constitutional treatment consists in the free use of *tr. ferri chloridi*, in combination with quinine and chlor. potass. These agents are in general use; the first and the last as powerful antiseptic agents, the other ingredient, quinine, as a tonic, as well as for its support to the nervous system and as an apyretic.

Being of an adynamic type stimulants should be freely used; and plenty of liquid nutritious food persisted in during the entire stage of the disease, both day and night, for by so doing we can thus sustain the system by keeping up the repair of the waste that is constantly going on, which is absolutely necessary for a successful termination.

#### LOCAL TREATMENT.

A great many measures have been devised for this purpose, viz., first,



mechanical attempts to remove the false membrane; second, attacking the membrane and aiming at its solution by dissolving it with lime water and lactic acid as first used and recommended by Küchenmeister, of Berne. A third means acts by modifying more or less deeply the structure of the derm by caustics, and nit. silver is a fair representative.

The fourth group consists of certain medicines administered internally which modify favorably the mucous membrane by their elective elimination on its surface; such are chlor. potassa, copaiba, and pilocarpine. Of this class chlorate of potassium is the best, a remedy which has been and is now largely used, being without a rival in the treatment of this disease. Trials have been made in the French hospitals for children, with both copaiba and pilocarpine, and the conclusions drawn were that the former fatigued the stomachs of the patients, thus putting them in an unfavorable condition for supporting the tonic medication which is absolutely necessary; whilst the pilocarpine, highly extolled a year or two ago, now on extensive trial, report comes that no advantage has been derived from it, but rather injurious than beneficial results as its constant use enfeebles the heart muscle. Another class of remedies which have recently come into vogue and are used to some extent in England, are the varnishes; acting upon the same principle in the economy as in the arts, by shutting out the air and protecting the parts to which they are applied. Tolu dissolved in ether, one to five, comes to us highly recommended by Dr. Morrell Mackenzie, who, reasoning from this standpoint, says: "Be it vegetable growth, animal germ or due to some other cause, it requires the presence of air in order to develop, and by excluding the air, we arrest its growth; thus by forming a coating over the surface the varnish becomes a germ

destroyer, as germs cannot thrive without air."

In this class I will place one other remedy, powdered sulphur, as it has been highly lauded by the Spanish physicians for its destructive action upon low organisms. We all know brimstone kills every species of fungus in man, beast and plant, in a very few minutes; now when it is brought into contact with the deposit in the throat it acts in a similar manner by destroying the parasite. An English physician reports never having lost a case of diphtheria treated with sulphur.

Before closing the subject of local treatment the question arises what object have we in treating the disease locally when it is of a systemic character? 1. By removing the false membrane (the contagious agent) we destroy the infectious influence that it may have upon others. 2. We prevent auto-infection, which is provoked by the presence of the false membrane even to the production of septicæmia. 3. By subduing the inflammation in the pharynx the patient can be fed during the entire period of the disease.

A few words in regard to tracheotomy, which becomes necessary at times, when the diphtheritic exudation finds its way down into the larynx and trachea, especially when emetics and inhalations fail to effect its expulsion and suffocation is imminent. The indications for its performance are continuous and increasing dyspnoea with gradual asphyxia, accompanied by incurvation of the intercostal muscles. Of 754 cases of diphtheria subjected to tracheotomy at the Children's Hospital at Berlin, between 1861 and 1871 31.65 per cent. recovered. The paralysis following the disease is an indication of a profound morbid impression on the nervous system. The palate is the most frequent seat of the paralysis, producing difficulty in swallowing and regurgitation of fluids

through the nose at the same time altering the tone of the voice, making it nasal in character. The treatment consists in tonics, iron, quinine and strychnia, under the influence of which the nervous system gradually regains its former vigor.

In the following case the effect of the sulphur was negative:

Emma E., age 5, Oct. 28. Very restless during the night, accompanied by fever, vomited several times, has a sore throat, and a convulsive movement of hands and feet every few minutes, bowels open, pulse 125. Examined throat and found it somewhat inflamed; no exudation of any kind upon tonsils, although right one swollen. Gave spts. aeth. dulc., pot. bromidi, chlor. pot. and aqua, every three hours. Oct. 29.—Passed a very restless night; fever, sore throat and the convulsive movement still present, although the latter has abated some; pulse 110 and feeble; urine scanty; no exudation in throat; submaxillary gland enlarged; fauces more inflamed to-day, and complains of pain in ear; right tonsil swollen; ordered tr. ferri chlorid., half ounce, pot. chlor., two drachms, aquae, three ounces, sulph. quinine, twelve grains, Sig. one drachm every two hours, also one drachm good whiskey the following hour. Oct. 30.—Found great difficulty in breathing during the night, except when sitting up in bed; examined lungs and found them normal; pulse 150 and very feeble; on examining throat found right tonsil covered with an exudation, yellow-white in color, also the same in back of pharynx; no offensive odor from throat; ordered two drachms precipitated sulphur and blew some of it through a quill upon the entire surface of the exudation, to be repeated by an insufflator in four hours. Eight P. M.—Found her very much exhausted; pulse 130; skin moist; since last visit has expectorated several pieces of tough, moderately thick membrane from fauces, leaving an angry looking surface, since which time she has taken some milk and beef tea. Ordered argent. nit., gr. fifteen, aquae, one ounce; locally every four hours to the entire surface as a precautionary measure, at the same time to continue with iron and pot. chlor., and stop sulphur. Oct. 31.—Obtained some sleep during the night; pulse 125, better in character; deglutition improved; continue with stimulants, food, internal medicines and local application morning and night. No exudation in throat; tonsils still enlarged. Nov. 1.—Slept quite well last night; pulse 125; submaxillary glands and tonsils not so enlarged; stop nit. silver, but continue with iron and pot. every three hours, and stimulants every four hours. Nov. 2.—Rested well during the night; pulse 100; no exudation has made its appearance: can now swallow with ease. Nov. 4.—Pulse 110; appetite good; is up and going around room but find she is very weak; gave a tonic, iron, quinine and strychnine, ter die, and dismissed the case.

## SOCIETY REPORTS.

### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD NOV. 7, 1882.

(Specially reported for the *Maryland Med. Journ.*)

The meeting was called to order at 8.45 P. M. by the President, Dr. Jas. Carey Thomas.

Drs. Geo. W. Miltenberger and Chas. H. Cockey were elected members and Dr. J. G. Linthicum was nominated for membership.

TWO CASES OF OVARIOTOMY, WITH EXHIBITION OF SPECIMENS.—*Dr. H. P. C. Wilson* reported the cases (which are to be found elsewhere in this number) and exhibited the tumors. Dr. Wilson said the profuse hemorrhage, and the necessity of tying arteries deep in the pelvic cavity, rendered the last one of the most formidable cases he had ever met with. Notwithstanding the immense loss of blood, and an operation lasting three hours, the menses appeared on the day following operation and were very free. In three of his operations he had this to occur, yet the patients all did well. He had come to look upon this occurrence as a not unfavorable one; he thought it worth considering whether the menstrual period is not a time of election for the operation. In one case of double oöphorectomy, the menstrual discharge appeared three hours after operation; yet although a portion of a sponge tent (unknown at the time) was in the uterus during the whole period, and although the woman was free of menstrual discharge but five days in the month, she did well notwithstanding.

CYSTIC TUMOR OF ANTERIOR VAGINAL WALL.—*Dr. Wilson* also exhibited a specimen of a tumor of this description, which he had removed. It is not uncommon, and is liable to be mistaken for cystocele. Such was supposed to be the case in the present



instance by the physician who had the patient in charge previously. It formed a tumor the size of an egg, which bulged at the vulva. It was removed, not by dissecting it out with great tediousness and trouble as was formerly done, but by pulling it well forward with oöphorectomy forceps and using the thermo-cautery. There was no loss of blood. The stump was touched with carbolic acid. A second case of the same presented itself on the same day.

*Dr. Browne* remarked that although the Drysdale cell was denied by others *Dr. Drysdale* himself had been remarkably successful in finding it; indeed, *Dr. B.* believed that he had not failed in a single instance. As for the selection of the menstrual period for operation, *Dr. Storer*, of Boston, expressed his preference for that period several years ago.

*Dr. Wilson* said that he was firmly convinced that *Dr. Drysdale* could do what no other surgeon could. He had repeatedly sent specimens to *Dr. D.* to examine and knew of no mistake, and *Dr. Thomas* had had a similar experience.

**CYSTIC TUMOR DUE TO A HAIR WHICH HAD PENETRATED THE EYEBALL THROUGH A WOUND OF THE CORNEA.**—*Dr. J. J. Chisolm* reported a rare case of cystic tumor of the iris occurring in a child four years of age. Nine months since he was accidentally struck in the left eye by a piece of wire from a hoopskirt. It cut the cornea on the nasal side, leaving a cicatrix extending from the pupillary border to the inner corneal margin—not passing over into the sclera. The iris was adherent to the corneal wound, leaving the pupil free, however, and sight was not destroyed. Three months since and six months from the receipt of the accident, a minute yellow spot was detected in the centre of the temporal side of the iris midway between the pupillary border and the corneal mar-

gin. It caused no pain and did not inject the eye. For three months its slow growth had been watched till it attained the size of a millet seed. It was considered a dangerous development, needing special interference. The patient was brought to him for the removal of the growth. Under chloroform an iridectomy was successfully performed removing the entire tumor with a margin of healthy iris. When the specimen was held up in the iridectomy forceps for inspection, much surprise was occasioned by finding a hair sticking directly out of the growth and which was apparently the cause of the new development. This hair had no hair-bulb, and had not grown, therefore, in the eye, but had evidently been carried in from without at the time of the accident. It was a transplantation into the iris from which, by long continued irritation, the growth had developed. In at least 30,000 eye patients which *Dr. Chisolm* has from time to time had under treatment this was the first iritic tumor that he had met with in his practice. The child did well from the operation.

*Dr. Chisolm* also referred to a case of erysipelas where owing to the destruction of the cutaneous surface of the lids, adhesion of the lids took place necessitating operation.

**PROFUSE BRONCHIAL SECRETION—PROLONGED HIGH TEMPERATURE—RECOVERY.**—*Dr. McSherry* reported the following case: A physician's wife suffered from some pulmonary trouble. She had no cough. Her temperature ranged about 104° to 105° F., and pulse corresponded. Rales were heard everywhere over the chest in abundance. There was great inanition. No albuminuria. No uræmia. No morbid sounds in the heart. Mind wandered a little, but there was no pain or suffering and the patient said she "felt perfectly well." The rales were coarse—subcrepitant and crepitant. There was no bowel trouble, and although

asthenic in character there were no indications pointing to orthodox typhoid fever. Sustaining treatment was employed, with turpentine, nuxvomica, etc. She had taken quinine freely before. The attack lasted six weeks in all and terminated much to the surprise of all in convalescence and recovery. The case has no parallel in his experience.

*Dr. Van Bibber* had found Hathorn water an efficient agent in cases of bronchorrhœa recently under his care. He gave three bottles of it a day. It seems to act promptly on the kidneys and bowels. He was induced to use it from having observed that patients with chronic bronchitis resort to Saratoga in order to drink it.

*Dr. Wilson* would suppose three bottles a day too large a quantity. He himself had only been able to stand one glass before breakfast.

*Dr. Chew* said *Dr. Lente* told him the Hathorn water was a very irritant water, and that a chief part of his duty at Saratoga was to warn people not to drink it.

PROPOSED AMENDMENTS TO THE CONSTITUTION.—*Dr. Chisolm* gave notice of his intention to move the following amendments to the constitution: To change the date of the annual meeting from the first Monday in March to the third Tuesday in October; to change the article relating to the conditions of membership, so that an acceptable thesis be recognized as equivalent to ten years' practice.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 3, 1882.

(Specially reported for *Md. Med. Journal*).

The society met at the usual hour, *Dr. Samuel Theobald*, President, in the Chair. *Drs. Norman F. Hill*, *Severn P. Costin* and *H. B. Fay*, were proposed for membership, and *Dr. Cameron Piggot* was elected a member.

NERVE-STRETCHING IN SCIATICA, WITH A SUCCESSFUL CASE.—*Dr. Winslow* read a paper with this title (published in the number of this journal of Nov. 15th).

*Dr. Morris* regarded electricity as of no use in these cases.

*Dr. Chambers* had practiced subcutaneous nerve-stretching of the sciatic four times and with very satisfactory results. This is as simple and easy as giving a hypodermatic injection of morphia. It does not require a surgeon—any general practitioner can do it. It has all the advantages of cutting, although not impressing the observers as forcibly. It is quite painful, however, and it is better to administer chloroform in performing it. Fifteen or eighteen months ago he had cut down upon the sciatic and stretched it for locomotor ataxy. There had been no pain since but otherwise the patient had not been benefitted much.

*Dr. Coskery* thought subcutaneous nerve-stretching always justifiable, but in view of four deaths having been reported in the very small number of cases operated on, was the other operation justifiable. *Dr. Winslow's* case had only been done three months ago.

*Dr. Rohe* said that all the cases where death took place took chloroform and that might have had something to do with the result. He believed that two of the deaths, at least, were due to chloroform. He had been struck with the patient's statement that he felt tired, on taking a long walk, in the limb operated on; this seemed to indicate some loss of power in that limb. He did not recollect to have read of this.

*Dr. Harlan* said experiments recently made in Baltimore showed that pulling on the nerve is transmitted to the spinal cord, hence nerve-stretching cannot be considered a harmless procedure.

*Dr. Chambers* said that in one of



the cases reported death took place on the operating table. He thought the stretching was carried too far, and that the stretching should be peripheral rather than central.

*Dr. Winslow* said subcutaneous nerve-stretching was not so harmless if chloroform be used. The cause of death in the four fatal cases was not known. Stretching cannot affect lesions of the cord whilst it may affect neuralgia and spasm.

SPECIMENS OF BLADDER, URETHRA AND KIDNEYS FROM A FATAL CASE OF INTERNAL URETHROTOMY. (See the JOURNAL of Nov. 15th).

SPECIMENS FROM A CASE OF VESICO-VAGINAL FISTULA WITH NEPHRITIS. —*Dr. Councilman* presented these specimens which came from a woman who gave birth four or five years ago to a hydrocephalic foetus. The cervix had sloughed away and the pelvis was widened. The right kidney was comparatively sound, but the left showed evidences of nephritis and contained old abscesses with calcareous walls.

## BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD NOV. 13, 1882.

CHRISTOPHER JOHNSTON, M. D., President, in the Chair.

(*Specially reported for Maryland Med. Journ.*).

The Association was called to order promptly at 8.30 P. M., sixteen members being in attendance.

Drs. Geo. H. Rohé, J. W. Chambers, W. F. Hengst and E. G. Waters were proposed for membership.

PAROXYSMS IN THE FEMALE RESEMBLING NOCTURNAL EMISSIONS IN THE MALE.—*Dr. Erich* related the case of a young kept girl, who went to the country where she couldn't have sexual intercourse. She then had erotic dreams accompanied by complete orgasm. On her return to the city these continued, occurring even during the nights in which sexual intercourse took place. She states

that the pleasure from the dreams is rather greater than the intercourse itself.

*Dr. Morris* said the case was similar to cases reported to the Med. and Chir. Faculty of Md. about five years ago, by himself, and which are to be found in the Transactions of that body. He has now under care a married female who has diurnal as well as nocturnal emissions. Such cases are not very common. The discharge occurs by jets.

DIPHTHERIA.—*Dr. Wiegand* opened this, the regular subject, with a paper.

*Dr. Erich* regarded the membrane as secondary. Symptoms precede its deposit, indicating that the germs of the disease have already gained admission to the system. Any agent which simply dissolves the membrane will not cure the disease. He uses quinine as an antiseptic, and on the ground of experiments made in Germany. He employs the tinct. ferri chloridi for its local effect. The chlorate potass. has given very little good results, diminishing pain but otherwise accomplishing no good.

*Dr. Ashby* agreed with the previous speaker in the main. Yet we cannot ignore the importance of treatment directed to the membrane itself since in many cases its presence in the larynx causes death.

*The President* reported that the patient upon whom he had performed tracheotomy (reported at last meeting) was well. The snoring, due to paresis of the uvula, continued for five or six days, and was treated by strychnia. He had now performed tracheotomy for diphtheritic and pseudo-membranous croup thirty-three times, with four recoveries, about twelve per cent. He did not regard this as a bad showing for private practice. Hospital statistics are more favorable, but in hospitals surgeons can operate whenever their judgment dictates, and many cases are included in their statistics that might get well otherwise. In

TO PHYSICIANS.

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Full Clinical Notes from the following and many other well-known physicians sent upon request.

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*Surgeon General United States Navy.*

**Christopher Johnson, M. D.,**

*Emeritus Professor of Surgery, University of Maryland, etc., etc.*

**Montrose A. Pallen, M. D., LL. D.,**

*Professor of Gynecology, University of the City of New York, and Surgeon to the Maternity Hospital, etc.*

**Henry O. Marcy, M. D.,**

*Boston.*

**W. W. Dawson, M. D.,**

*Professor of Surgery, Medical College of Ohio, etc.*

**Edward W. Jenks, M. D., LL. D.,**

*Professor of Diseases of Women, and of Clinical Gynecology, Chicago Medical College.*

**H. P. C. Wilson, M. D.,**

*Ex-President Medical and Chirurgical Faculty of Maryland, and Baltimore Academy of Medicine; Vice-Prest. American Gynecological Society.*

**Oscar J. Coskery, M. D.,**

*Professor of Surgery, College of Physicians and Surgeons, Baltimore.*

**E. R. Palmer, M. D.,**

*Professor of Physiology and Physical Diagnosis, University of Louisville.*

**Harvey L. Byrd, A. M., M. D.,**

*PRESIDENT: Professor of Obstetrics and Diseases of Women and Children, Baltimore Med. College.*

**John A. Oosterlony, A. M., M. D.,**

*Professor of the Principles and Practice of Medicine, Kentucky School of Medicine.*

**E. B. Stevens, A. M., M. D.,**

*President Cincinnati Obstetrical Society.*

**E. H. Gregory, M. D.,**

*Professor of Surgery, St. Louis Medical College.*

**T. F. Prewitt, M. D.,**

*DEAN: Professor of Surgery, Missouri Medical College, Surgeon to St. John's Hospital, etc.*

**P. V. Schenck, M. D.,**

*Surgeon in charge St. Louis Female Hospital.*

**W. L. Barrett, M. D.,**

*Lecturer on Diseases of Women, St. Louis Medical College.*

**Geo. J. Engelmann, M. D.,**

*Professor of Obstetrics in the Post-Graduate School of the Missouri Medical College.*

**Wm. Porter, A. M., M. D.,**

*St. Louis.*

**Nathan S. Lincoln, M. D.,**

*Emeritus Professor of Surgery, Medical Department Columbia University, Washington, D. C.*

**Fessenden N. Otis, M. D.,**

*Clinical Professor Venereal Diseases, College of Physicians and Surgeons, New York City.*

**Charles T. Parkes, M. D.,**

*Professor of Anatomy, Rush Medical College, Chicago.*

**Percy Norcop, M. D., F. R. C. S.,**

*Formerly Surgical Dresser to Professor Lister.*

**Joseph Taber Johnson, A. M., M. D.,**

*Professor of Obst. and Diseases of Women and Infants, Med. Dept. University of Georgetown, D. C.*

**E. Fletcher Ingals, A. M., M. D.,**

*Professor of Diseases of the Chest and Physical Diagnosis, Rush Medical College; Woman's Med. Coll., etc., Chicago, Ill.*

**A. F. Erich, M. D.,**

*Professor Diseases of Women, College of Physicians and Surgeons, Baltimore.*

**Thomas F. Wood, M. D.,**

*President Medical Society of North Carolina, Wilmington, N. C.*

**James M. Holloway, M. D.,**

*Professor of Surgery, Louisville College of Medicine, and Kentucky School of Medicine, Louisville, Ky.*

**Duncan Eve, M. D.,**

*Professor of Surgery, Medical Dept. University of Tennessee.*

**A. M. Owen, M. D.,**

*Professor of Surgery, Evansville Medical College.*

**John P. Bryson, M. D.,**

*St. Louis.*

**F. J. Lutz, A. M., M. D.,**

*Surgeon to Alexian Brothers' Hospital; Physician to Misericordia Asylum for the Insane and Nervous.*

**E. S. Lemoine, M. D.,**

*One of the Physicians to St. Luke's Hospital, St. Louis.*

**C. A. Moses, M. D.,**

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private practice it is generally the *dernier ressort*. The speaker would only operate upon such cases early.

*Dr. Ellis*.—During fall of 1881 attended 17 cases of diphtheria; 6 had laryngeal involvement. Of the 6, 4 died; the two which recovered were the worst cases he had ever seen recover; they were treated with chlor. potass., tinct. ferri chloridi and sustaining measures; one had carb. ammon., gr. xi doses every half hour, day and night, with brandy. Eucalyptol was used locally with negative results. Since Oct. 1st, 1882, he had attended 15 cases, all treated with iron and quinine. Four of the 15 died, 3 probably owing to neglect (their lives were insured). In the last five cases seen,  $\frac{1}{24}$  grain doses of bichloride of mercury were added to the other treatment; one of these had a laryngeal complication; all are convalescent now.

**FELINE MONSTROSITY WITH ONE HEAD AND TWO BODIES.**—*Dr. Ellis* exhibited a double-bodied kitten, probably born dead. It had but one head, two cords, one mouth, two tongues, two bodies, tails, two fore-legs, four hind-legs. The upper jaw was natural, the lower cleft at the symphysis. The upper part of the body was natural; the double body commenced at the base of the thorax. One cord enters each abdomen. The bodies are alike and both females; this resemblance and identity of sex are invariable so far as the speaker could find out. The birth took place August 1st and this was the only foetus born.

*Dr. Ashby* remarked that cases of conjoined twins present many points of interest in embryological study. The specimen shown by *Dr. Ellis* was an extremely rare form. Various theories have been offered to explain this vice of development. The most plausible explanation is that given by Ahlfeld, who holds that a division may take place in the formative material of a single area germinativa.

Should this division be incomplete there is a partial fusion; in other words a conjoined twin. Should the division be complete, separate twins develop, enclosed in the same amnion and chorion, and having a single placenta. The twins are not only of the same sex, but bear throughout life the closest resemblance to one another in physical peculiarities, and in moral and mental characteristics.

Another variety of compound pregnancy is admitted under the name of monstrosity by inclusion. In this form of development there is a partial or complete inclusion of the elements of one foetus in the body of another foetus which is otherwise well formed. The contained foetus may be shut up in abdominal cavity of the other child constituting an abdominal inclusion or it may be enveloped by the integuments of the child forming an external tumor having no connection with the visceral cavities of the foetus that carries it.

*Dr. King* said similar cases in the human subject were reported by Cazeaux. He presented a sketch of a foetus born in North Carolina, June 20th, 1867. Labor had come on but the head seemed to be arrested. Forceps were applied, without avail, repeatedly. Two heads were then discovered with but one body. Delivery was effected by tearing away the thorax with a hook thus lengthening essentially the neck. Development was complete except for a deficiency in one foot. Weight 15 pounds. Anus was perfect, but there were no indications of sex.

*The President* said there had been two theories advanced. 1. Compression, leading to fusion, and 2, more or less profound fission of one original germ. At this time the latter opinion prevails. Geoffroy St. Hilaire has described cases where there were one head and two bodies. The dissection of the nervous system in the case of *Dr. Ellis* would be of interest.



## EDITORIAL.

THE AFFAIRS OF THE ACADEMY.—Earnestly desirous as we have always been of the welfare and prosperity of this society, and criticising it only from motives of the truest friendship, we are deeply interested in anything that promises improvement in its work and development. That it has not as yet realized the expectations which were naturally excited at its institution, and that would seem to be justified by its title, the character of most of its membership, and other circumstances connected with its history and growth, is, we believe, a very widespread impression among the members of the profession in this city. We have already pointed out that it is vain to cry "Let us alone! We are perfectly satisfied with what we have done and what we are doing!" Isolation is impracticable, and responsibility not to be shaken off. Men will in spite of us compare and judge and condemn. As indicative rather of what is to come than of what has been attained, we welcome the action taken at the last meeting of the society; upon a motion then made by Dr. Chisolm, the clause in the constitution relating to membership was so amended as to make the presentation of an acceptable thesis equivalent to ten years experience in practice. Probably not much is immediately gained by this action, and it is doubtful whether the young men will rush into the arms thus opened to embrace them. There are not wanting, however, indications pointing to a silent revolution of sentiment in the society, which may ultimately lead to more radical changes. One of the greatest drags to the society has been the age condition. Reform must commence here; has it not already commenced? There are many reasons why the Academy should take the lead in our local medical organizations. To do so demands that a loftier spirit and purpose animate it, that some of the enthusiasm of youth be mingled with the gravity of age, that itself shall be able to profit by the lessons of experience. The wish, perhaps, is father to the thought that these conditions may yet be found united in the Academy of

Medicine. Why not commence now to realize the greatness of the future of a great metropolitan city like ours and the possibilities that lie waiting in that future for itself!

PROF. GROSS AND OUR CORRESPONDENT.—The following letter will explain itself. We can only express our deep regret that our correspondent should have fallen into an error by which injustice was done our illustrious colleague. He only accepted what was generally stated to be a fact in New York without seeking confirmation of it, as he should have done, at first hands. It is a subject of congratulation that the instruction, counsel and example of the most eminent of American surgeons, are still to be available to the profession. May he be long spared to enlighten us with his wisdom and ripe experience.

"PHILADELPHIA, Nov. 21st, 1882.

*Gentlemen:*—Will you kindly correct an error which crept into "Our New York Letter," issued in the last number of your valuable journal, and thus save me from becoming an idle and useless man during the remainder of my life? The writer of the letter is not responsible for the error, for he only repeats what the New York reporters said, without any authority, in their accounts of Dr. Sims's reception. I have not retired from practice and have no such intention so long as I have eyes to see, hands to work, and a brain to guide my actions. I cannot consent to lock up my experience, or to consign myself to ennui and obliviousness. I am determined to work to the end whenever that may come.

"I thank you very cordially for your kind notice of my book and your beautiful remarks upon the life and character of our great countryman J. Marion Sims, who has done so much to enoble our profession and to alleviate human suffering.

I am very truly your friend,  
S. D. GROSS."

ENLARGEMENT OF THE JOURNAL.—Beginning with the number for January 1st, 1883, the size of this JOURNAL will be increased eight pages for each issue. This enlargement of our space is made

necessary by the increase of matter, which we have felt ought to find a place in our columns.

The addition of eight pages will enable us to develop new features and new departments, and thus place before our readers a variety and freshness of matter, a free discussion of current opinions, a full review and careful criticism of recent publications, a general detail of progress in the various departments of professional study, and a correct summary of current news, all of which it is believed will add to the value and usefulness of the publication. An effort will thus be made to meet the various wants of the intelligent student and practitioner.

The *Original Columns* of the JOURNAL will continue, as in the past, to present original work done in our own State, with occasional contributions from outside writers.

Under the headings of *Clinical Lectures* and *Clinical Reports* we invite aid from every source. From time to time well-selected clinical and didactic lectures, prepared by well-known teachers, will find a place in our pages. Clinical Reports, embodying the details of instructive cases, will be accepted and published when suitably prepared by the reporter. As this department is believed to be an important feature in journalistic work, it will be our aim to encourage and develop this character of contributed matter. We therefore urge our readers to forward to us notes of instructive and unusual cases illustrating points in pathology, etiology, clinical history, diagnosis and treatment.

The *Book Review* department will receive fuller consideration than in the past. New publications, as they are received, will be referred to competent critics for examination and review.

*Medical Society Work* will receive prompt attention and full presentation. Reports will embrace the work of various local organizations, and, whenever practicable, the proceedings of State, national and special associations and societies.

The *Editorial* department will continue to deal with questions of professional interest and advantage. The opinions advocated will have for their

aim the advancement of scientific medicine and the general professional good.

The enlarged size of the JOURNAL will necessarily impose additional labor and responsibility upon its editorial management. To meet this demand upon our time and energies, we are able to announce that we have called to our assistance a corps of able and competent associate editors selected from the various specialties, with special reference to their qualifications for the duties assigned to them. Each of these gentlemen will have exclusive charge of a department and will collaborate, review, and present such matter as will in his judgment set forth the teachings of his branch.

The names of these gentlemen will be announced in a subsequent issue. In calling attention at this time to the prospectus of the JOURNAL work for 1883, we desire to assure our readers that our best efforts and energies will be directed to the fulfillment of the purposes herein stated.

DR. YANDELL ON SKIN DISEASES.—Dr. Lunsford P. Yandell, of Louisville, holds some very remarkable and unique views as to the pathology of skin diseases, which seem not to be thoroughly understood by some of the denizens of our Northwestern prairies. At least, a would-be facetious "Q. E. D." has been guilty of misrepresenting them in the *Michigan Medical News*. This individual gives Dr. Y. credit with "attributing all skin eruptions to malaria" and consequently of looking upon quinine as the remedy *par excellence* in their treatment. Dr. Y.'s views are peculiar enough without any need for straining them into more unorthodox shape. He holds that malaria is the *chief source of acute* skin disease, scrofula of *chronic* disease. In proof of this he points to the fact that skin diseases are cured more certainly and quickly by the anti-malarial remedies on the one hand and by the antistrumous on the other than by any other line of therapeutics, and avers that careful investigation will make the malaria or struma apparent. This theory is not limited, in its author's estimation, to cutaneous diseases but is applicable to all the regions and tissues of the body.



This certainly is simplifying pathology vastly, but unfortunately the facts don't tally. How will the author explain upon this theory the vast number of *acute* skin diseases that occur in elevated regions which malaria never reaches? And the author must be very near-sighted if he has not seen multitudes of cases of chronic cutaneous troubles where the parents have been in perfect health and the antecedent family history above suspicion. Eczema causes about 33 per cent. of all skin diseases yet Neumann was able to discover a scrofulous or rachitic cachexia only in about one-third of the eczematous children which he examined, and Wilson's statistics show only a slightly larger proportion. The potent influence of gout in the production of eczema, which is operative according to the experience of Bulkley, in "by far the larger share of cases of the disease," must be taken into account. Parasitic skin diseases, forming one-tenth or more of the whole, must be excluded. That scrofula is a frequent predisposing cause of cutaneous diseases among the poor especially, is well established, but there are many other circumstances operative among them doubtless capable of producing the conditions which favor the occurrence of skin affections. If malaria were the chief cause of such affections they should be found preponderating in regions where malarious diseases prevail most, yet we are not aware that any evidence has been brought forward in proof of this. The attempt to refer all diseases to one or two causes has not been unknown and we cannot forget Hahnemann's doctrine with regard to psora. In the latter case the theory has long since given up the ghost, whilst the so-called system based upon it flourishes with considerable vigor.

## REVIEWS, BOOKS & PAMPHLETS.

*Index Catalogue of the Library of the Surgeon-General's Office, U. S. A.* Vol. III. Cholecyanin Dzondi. Washington: 1882. Government Printing Office. 4to. Pp. 1020.

This volume contains—according to Dr. Billings' report—9,043 authorities, representing 10,076 volumes and 7,386 pamphlets. It also includes 8,572 subject-titles of separate books and pamphlets and 28,406 titles of articles in periodicals. A catalogue of a collection of medical portraits numbering 4,335 is also given. In the three volumes so far published the titles of 100,760 journal articles are given. The present volume opens with eleven pages of additional titles of medical journals. It is interesting to compare the space occupied by various subjects. Cholera fills 148 double-column pages, much of which is extremely fine type. Next come in order dysentery 30 pages, diphtheria 29, croup 23, diabetes and conjunctivitis, each 19, cornea 16, diarrhoea 11, contagion, dropsy and the gloomy subject of death (evidently not a popular one with doctors) 9, dyspepsia only 5, etc. In style and other respects the work is a worthy continuation of its predecessor.

*Medical Electricity: A Practical Treatise on the Applications of Electricity to Medicine and Surgery.* By ROBERTS BARTHOLOW, A. M., M. D., L. L. D., etc. Second Edition. Enlarged and Improved. With 109 Illustrations. H. C. Lea's Son & Co. Phila: 1882. 8vo. Pp. 291.

The demand for a second edition of this work within a year shows that the author's conception of the need of a practical treatise on medical electricity was not unfounded. The practical feature is retained in this, and the needs of the practitioner—as indeed is characteristic of all of Bartholow's books—seem ever uppermost in his mind. Many improvements and additions have been made, the matter has been condensed, the page increased in size and thirty pages added. What a rapid and indefatigable worker the author must be!

*A Guide to Therapeutics and Materia Medica.* By ROBERT FARQUHARSON, M. D., Edin., F. R. C. P., Lond., etc. Third American Edition. Enlarged and adapted to the U. S. Pharmacopœia. By Frank Woodberry, M. D. H. C. Lea's Son & Co. Philadelphia: 1882. 8vo. Pp. 526.

The third edition of this popular work has been increased by the addition of nearly one-third to its predecessor. The additions consist chiefly of tables of weights and measures of the metric system, a ready reference table of poisons, and tests of the prominent poisons, added chiefly by the American reviser. There are features about this book which adapt it in an especial degree for use as a text book. It is based chiefly upon physiological methods of study, and the physiological and therapeutic effects of drugs are placed side by side in parallel columns, so that the student can see at a glance how the latter are deduced from the former. The advantage of this plan in fixing the use of remedies upon the student's mind and in giving him a rational system of therapeutics to carry into professional life with him is quite apparent. There are many other advantages and excellencies about the book, both as to its plan and its get-up, that make it, in our estimation, one of the best and most satisfactory for both student and teacher with which we are acquainted.

*On Slight Ailments: Their Nature and Treatment.* By LIONEL S. BEALE, M. B., F. R. S., etc. Second Edition. Enlarged and Illustrated. P. Blakiston & Co. Philadelphia: 1882. 8vo. Pp. 283.

We are so accustomed to look upon the great microscopist in another rôle that we can hardly realize that he is an experienced and practical teacher and physician. Yet this work from his hand shows that he is capable of

excelling in the latter position no less than in the former. He has in these lectures not only shown us the importance of attention to the slighter ailments of the human body—which we already know but strangely ignore—but he tells us how to deal with them. The success of many physicians is due to their attention to little things; they are as much in earnest with trifling troubles as with the most dangerous illnesses. Again, many affections become formidable from their neglect in the beginning. Our interest, therefore, no less than our duty and success depend upon due attention to them. Dr. Beale has done a good service, then, in dealing with them in so thorough and scientific a way as he has here done. He has by no means treated the subject slightly because it is itself slight but has given us a thoroughly scientific work, dealing with such subjects as the appearance of the tongue, indigestion, appetite, nausea, thirst, hunger, constipation, diarrhœa, worms, vertigo, biliousness, sick headache, neuralgia, feverishness, slight inflammations, etc.—subjects much ignored by authors usually within our reach—in a way that cannot fail to prove profitable to even the most learned and experienced. The introductory section, dealing with the personal relations of the physician and his patients, is full of valuable suggestions and advice.

*Conjoint Session of N. C. Board of Health and Med. Soc. of N. C.*, held in Concord, May 10th, 1882. Raleigh: 1882. 8vo. Pp. 66.—*Transactions of Mississippi State Medical Association.* Oxford: April, 1882. 8vo. Pp. 170.—*Transactions of the S. C. Medical Association*, held at Spartanburg, S. C., April 25th and 26th, 1882. Charleston: 1882. 8vo. Pp. 159.—*On the Use of the Curette as a Therapeutic Agent in Gynecological Practice.* By B. BERNARD BROWNE, M. D., Professor



of Diseases of Women in the Woman's Medical College of Baltimore, etc. Reprint from *Obstet. Gazette*. 8vo. Pp. 4. Cincinnati: 1882.—*The Antiseptic Treatment of Wounds After Operations and Injuries*. By W. T. BRIGGS, M. D., Professor of Surgery, University of Nashville and Vanderbilt University. (Reprint). Nashville: 1882. 8vo. Pp. 19.—*An Old System and a New Science*. By F. E. STEWART, Ph. G., M. D. George S. Davis, Publisher, Detroit. 8vo. Pp. 31.

### MISCELLANY.

SKIN GRAFTING.—1. It affords an admirable means of accelerating and facilitating cicatrization. 2. The pellicle produced by its aid is less prone to contraction, and contracts less than an ordinary cicatrix. 3. The deeper layers of the epidermic elements are chief factors of growth. 4. The growing cicatrix is formed at the expense of the embryonic cells of the granulating surface, stimulated into activity by the presence of the living cells of the graft. 5. The stimulus first showing energy in and about central islands of new growth, induces activity at the hitherto dormant margin of the ulcer. 6. Grafts may retain vitality, and be effective, long after separation from the body. 7. Small grafts of the size of a millet seed, for example, are generally preferable to larger ones, although much larger grafts have had their successes and advocates. 8. Grafts should be obtained from the patient himself, if possible, but in all cases the danger of specific inoculation ought to be present in the mind of the surgeon who borrows grafts from one subject for application upon another, or who practices heteroplasty. 9. Grafts furnished by the aged are less disposed to adhere than those obtained from the young, and sometimes fail entirely. 10. Grafts obtained from one

race of men may be successfully used on individuals of another race; and animal grafts may be transplanted upon human beings and provoke cicatrization. 11. Foul surfaces, or those of persons in bad health, will refuse to accept good grafts; but with improvement or establishment of the health of the individual bearing an ulcer, and the appearance of healthy granulations, a favorable result of skin-grafting may be anticipated. Finally, the great benefits accruing from successful skin-grafting far outweigh its drawbacks, which are, the pain of the operation, and, unless amputated limbs be utilized, the consecutive pain in the parts yielding the grafts, whether these be autoplasmic or heteroplasmic. —*Dr. C. Johnston in International Surgery*, Vol. I, p. 549.

IODINE IN ERYSIPELAS.—*Hutchinson* (C. S.) records a case (*Brit. Med. Journ.*) of a large, robust man, thought to be in *extremis* from a violent attack of idiopathic erysipelas of head and face. Iron and usual internal treatment had been used but no local applications. Iodine was now painted on the scalp, which had a magical effect, amendment being immediate, and the patient being out of danger two days later. He had never seen so desperate a case recover so quickly. According to *Neale's Digest* the value of iodine has been known in this affection for thirty years.

IODOFORM IN MILITARY SURGERY.—Upon military surgery iodoform flashes like the first rays of the rising sun and supplies exactly that want which has been long and earnestly felt. We know that our wounded soldiers, when once they have arrived at the field hospital or base hospital, will receive all that science, art, affection or gratitude can suggest, but for them the worst and most dangerous stage is that which must elapse during their transit from the battle-field to the field

hospital. Terrible, indeed, are these minutes, often extended to long weary hours, till help arrives to remove the helpless wounded from the spot where they have fallen. I am well assured that the most energetic efforts of the best sanitary officers must be incompetent to relieve all the terrors of this period; but since the means of immediate treatment must be limited, especially where a large number of wounded have to be dealt with simultaneously, the immense value of a drug which can be immediately applied and which will render wounds aseptic and cleanly until time has enabled the wounded to reach the hospital, cannot be overrated. During the Russian and Turkish war, Von Reymann and Reyher showed most encouraging examples of the value of plugging wounds on the battle-field by antiseptic tampons. Five or six days of the roughest transport did not prevent the wounds so treated from appearing fresh and aseptic on arrival in hospital. Such results lend support to Esmarch's brilliant idea to provide every soldier with the means of rendering his wounds antiseptic. With the great propelling powers of modern weapons, many gunshot wounds have all the characteristics of incised wounds and of themselves become rapidly closed to the exclusion of septic matters. If, in our next war, we are provided on the battle-field with tampons of iodoform, or of iodoform with salicylic or boracic acids, I feel perfectly convinced that a large number of wounds will be found to be healed in the course of a few days; that all others will be placed in far more favorable conditions; and that in many cases, it will be possible to send the wounded away at once to a distance, or even to their own homes, where they will no longer have to contend with the hardships and horrors of war, but will be nursed with the gratitude and affection that they so

well deserve.—*Von Nussbaum, Lond. Med. Rec.*

FREQUENCY OF DISEASE OF THE SEXUAL ORGANS IN INSANE WOMEN.—Dr. Danillo examined 200 insane women, and found that 162 or 80 per cent. were suffering from various diseases of the sexual organs. Out of 140 menstruating women, between 15 and 45 years of age, only 20 were without some uterine anomaly. Out of 60 women who had ceased menstruating between 42 and 75 years of age, 18 were the subjects of some affection of the genital organs. Acute and chronic endometritis and metritis were most frequently observed; less frequently displacement of the uterus, dysmenorrhœa, acute and chronic ovaritis, and other diseases. The above results show that the complications of psychosis with uterine disease is a frequent occurrence, and of the greatest clinical interest.—*London Med. Record.*

SCURVY NOT A NECESSARY SEQUENCE OF A WANT OF VEGETABLE DIET.—*Mr. Neale*, Med. Officer of the *Eira*, gives (*Lancet*, August, 1882, and *Med. Rec.*) an account of his fifteen months experience in the Arctic regions. There was scarcely any illness in the crew of twenty-five. He thinks there is little risk while living on flesh indigenous to the country, even without vegetables, and suggests blood as an antiscorbutic. This opinion is supported by Dr. Lucas, who found the food of the semi-savage hill tribes of Afghanistan and Beluchistan (near the tropics) to consist mainly of meat and no vegetables, yet they are free from scurvy. This is explained by the fact that fresh meat is alkaline and continues so till *rigor mortis* passes off, when it becomes acid. *Rigor* does not occur in the Arctic regions. Neale speaks highly of the Dutch vegetables which are mixed with a good quantity of fat.



ANGLO-SWISS MILK FOOD.—Of the many preparations which have been offered as a substitute for the mother's milk, but few of them meet the wants of an artificial food calculated to supply the great demands upon the infant's system. Various attempts have been made to approach the composition of human milk, but many of the constituents for the perfect nutrition of the child are frequently found wanting. One of the nearest approaches to nature's food has been made by the Anglo-Swiss Condensed Milk Co. This milk food has received the highest endorsement from the medical profession and may be trusted by those who have the care of young children. The analysis shows the purity of its ingredients and its superiority as an easily digested and nutritious diet.

TRANSMISSIBILITY OF DIPHTHERIA FROM THE FOWL TO MAN.—*Cazzolino (Giornale Int. delle Sci. Med.)* relates a case of localized diphtheria in the anterior region of the mouth, in a child æt. 20 months, with swelling of submaxillary and submental glands. Fever was the only general symptom. The glands suppurated and pus was discharged through the auditory passages. C. believes that this case had some connection with an outbreak of diphtheria among the fowls of a neighboring farm. The child had a predisposition to contagion (she had just recovered from typhoid fever) and the affection was located in just the same parts as in fowls affected by diphtheria.—*London Med. Record*, Oct. 15.

CHANGE OF STRENGTH OF OPIUM PREPARATIONS IN THE NEW PHARMACOPŒIA.—*Dr. Squibb (Ephemeris, Nov.)* calls attention to the great increase in strength of the officinal preparations of opium, made by the revision of the U. S. Pharmacopœia of 1880, just published. The strength of the liquid preparations is increased by about one-half. This increase is due mainly to the difference in strength. "If heretofore the full

anodyne dose of tincture, deodorized tincture, or compound solution of opium, has been 24 minims or say 38 drops, representing a quarter of a grain of sulphate of morphia, the corresponding dose of the new preparations will be 16 minims or say 25 drops." He suggests that, in prescribing, physicians should place the figures "1870" or "1880" after the opium preparation, allowing the pharmacist the privilege of using either preparation he may have, making of course the change requisite to give the dose the physician desires to order. He adds: "This change is a very much needed step in the right direction, and if it can be promptly made known and be generally recognized its advantages will soon be realized. There has always been much confusion and uncertainty in the strength of opium and its preparations, because the strength of the officinal opium was so indefinite, and for a time this confusion may be increased; but if the new Pharmacopœia be followed the results must be important in the smaller dose and improved accuracy of the preparations, and therefore the improved medication under their use."

MORROW ON EXCISION OF THE CHANCRE.—From this study of the subject we conclude:

1. That the facts of clinical experience, as well as deductions from analogy and experiment are opposed to the theory of the local nature of chancre upon which the practice of excision is based.

2. That the practice of excision of the chancre, as a means of aborting syphilis, is condemned by its clinical results, when these results are weighed in the balance of discriminating judgment, due regard being had to the possibilities of error.

3. That these sources of error are comprehended under doubtful diagnosis, insufficient observation, both as regards time and method, and *post hoc* conclusions.

4. That in cases where secondary accidents fail to appear after excision, there is no positive evidence that it

had an abortive influence, since experience proves that sores with all the typical signs of infecting chancre are sometimes not followed by constitutional syphilis.

5. That there is no evidence that excision of the chancre attenuates the syphilitic virus and modifies the intensity of general symptoms, since the benignity or malignancy of syphilis is a matter of individual constitution.

6. That it cannot be recommended as a local adjuvant, since it is opposed to the principles of sound surgery to remove by an operation involving loss of tissue and an indelible cicatrix, an accident which always disappears by a process of spontaneous resorption, leaving, as a rule, no posthumous evidence of its existence.—*Journ. Cutan. and Ven. Dis.*, Dec.

ACTION OF IODOFORM ON LEUCOCYTES.—Binz (*Virchow's Archiv.*) has performed experiments showing that iodoform checks suppuration by paralyzing the white blood corpuscles, and so preventing their wandering through the walls of vessels. He maintains that quinine, carbolic and salicylic acids have the same effect.—*Lond. Med. Rec.*

SIGNS OF SPECIALISTS.—The following is the report of the Judicial Committee of the American Medical Association, upon which the use of special signs and cards is based: "The acceptance of this honorable title" (Doctor) "is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties to which it implies. As all special practice is simply a self-imposed limitation of the duties implied in the general title of Doctor, it should be indicated, not by special or qualifying titles, such as Oculist, Gynæcologist, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice appended to the ordinary card of the gen-

eral practitioner, saying, 'practice limited to diseases of the eye or ear,' or 'diseases peculiar to women,' or 'to midwifery exclusively,' as the case may be."

RECEPTION TO THE ACADEMY OF MEDICINE.—Dr. James Carey Thomas, President of the Baltimore Academy of Medicine, entertained the members of that society at his residence, on Madison Avenue, on last Tuesday evening. President D. C. Gilman and Professors H. Newell Martin and Ira Remsen, of the Johns Hopkins University, and Dr. J. S. Billings, of Washington, were also present. Brief addresses were made by Drs. Thomas and Billings and President Gilman.

BROMIDE OF POTASSIUM IN DIABETES.—*Bergeron (Journ. de Med.)* in confirmation of Felizet's recent note, reports the complete disappearance of sugar from the urine of a diabetic patient after fifteen days' treatment by one drachm of this agent daily.—*Lond. Med. Rec.*

OVARIOTOMY.—In a paper entitled "Notes on Abdominal Surgery" (*Dublin Journ. Med. Sci.*, Nov., 1882, p. 372) Mr. Wm. Stokes sums up the following propositions in reference to ovariectomy:

1. That the mortality of the operation has been, and is largely, diminished by Listerian antisepticism, which should, therefore, in all instances be employed.

2. That the strength of the carbolic spray should never exceed 1 in 40, and the solution in the steam-spray producer should be warmed previous to use.

3. That, in order to get with greatest facility a warm, even aseptic atmosphere and the least disturbance, the operation should not be undertaken in the operating theatre of an hospital, but in a moderately sized



ward, which should be given up for the time exclusively to the patient and her attendant.

4. That the intra-peritoneal method of securing the pedicle is to be preferred to the clamp.

5. That the "toilet of the peritoneum" should in all instances be carefully carried out.

6. That drainage should be recognized as one of the most essential features in the after treatment of ovariectomy cases.

7. That the existence of extensive peritoneal adhesions does not appear to influence unfavorably the results of the operation.

8. That in forming an estimate of the probable results of ovariectomy a greater value is to be attached to pulse than to temperature curves.

9. That the following precautions, emphasized by Dr. Atthill previous and subsequent to the operation, should be attended to:

(a) The administration of a mild aperient before the operation; (b) withholding solid food for 24 hours previous to the operation—allowing, however, beef tea, eggs, milk; and subsequent to it ice, milk and soda-water, beef tea; (c) stimulants only to be given in cases of collapse, or in those of exceptional debility; (d) opium, either by the mouth or hypodermically should be given after the operation. The surgeon must exercise his own discretion as to the amount.

10. That pure ether is the anæsthetic that in most cases will be found to answer best.

#### HERBERT SPENCER ON AMERICANS.

—Everywhere I have been struck with the number of faces which told in strong lines of the burdens that had to be borne. I have been struck, too, with the large proportion of grey-haired men; and inquiries have brought out the fact that with you the hair commonly begins to turn

some ten years earlier than with us. Moreover, in every circle I have met men who have themselves suffered from nervous collapse due to stress of business, or named friends who had either killed themselves by overwork or had been permanently incapacitated, or had wasted long periods in endeavors to recover health. I do but echo the opinion of all observant persons that I have spoken to, that immense injury is being done by this high pressure life—the physique is being undermined.

TRANSMISSION OF SYPHILIS.—*Lesser (Deutsche Med. Zeit., No. 41)* gives this as the result of his experience: 1. Both or either parent, diseased before impregnation, may transmit syphilis to the offspring; 2. Both parents, being healthy at the conception, the mother can infect the fœtus through the placental circulation; 3. The father being infected, the mother remaining healthy till after conception, the latter may become diseased from the fœtus through the placental vessels, or her constitution may be so altered as to render her proof against syphilis. The last proposition is tentative but best explains known facts.—*Med Times and Gaz.*

TRANSFUSION.—*Verneuil (Medical Times and Gaz.)* objects to this operation on account of its danger and his never having seen any ultimate good from it. Its advantages are obtainable, he thinks, from the hypodermatic injection of ether. König, of Göttingen, formerly a warm advocate of it, now thinks little of it. Its benefits are doubtful and quite exceptional. Schede is of the same mind and seldom resorts to it.

PROF. PAUL VOGT has been appointed Professor of Surgery and Director of the Surgical and Clinical Wards at Grieswald, in place of the late Prof. Hueter.

**DIFFERENTIAL DIAGNOSIS BETWEEN HYSTERICAL PARALYSIS AND POLIO-MYELITIS ANTERIOR.**—1. Judging from the history, symptoms and progress of the case, in a large number of instances, it is difficult or impossible to diagnose between paralysis from hysteria and from polio-myelitis; 2. A correct differentiation between them is of the highest importance, as the treatment successful in the one is useless or may be injurious in the other; 3. In order to arrive at a true diagnosis we must as far as possible apply physical agents in their investigation; 4. In the diseases under consideration the conditions of the reflexes, resulting from physical manipulations, afford us valuable information, although open to certain exceptions; 5. Electricity supplies us with an agent which, in the large majority of cases, will definitely enable us to correctly decide whether a given paralysis is due to organic disease of the anterior cornua of the cord or to that affection to which we apply the term hysteria.—*A. Hughes Bennett, M. D., Lancet, Nov. 18th.*

**IODOFORM SUPPOSITORIES FOR PILES.**—*R.* Iodoform,  $\mathfrak{5i}$ ; balsam of peru,  $\mathfrak{5ii}$ ; cacao butter, white wax,  $\mathfrak{aa} \mathfrak{5iiss}$ ; calcined magnesias,  $\mathfrak{5i}$ . Incorporate the mass thoroughly and divide into twelve suppositories. Insert one after each evacuation of the bowels and oftener if needed.—*Louv. Med. News, and Lond. Med. Record.*

**FIVE CASES OF TRANSFUSION OF BLOOD INTO THE PERITONEAL CAVITY.**—Ponfick has demonstrated by experiments that any quantity of defibrinated blood injected into the peritoneal cavity will be absorbed with great benefit by any animal. Korzarowski, of Posen, has made these injections in five cases on the human person, with the best results. (1). Nephritis, articular affections, fever, profound anæmia. Two injections of 500 grammes of defibrinated blood

into the peritoneal cavity, cure. (2). Nervosity, hysteria, spinal irritation and anæmia. One injection, radical cure. (3). Phthisis well developed; after the first injection the appetite returns, fever and night-sweats disappear. (4). Anæmia, extreme weakness, patient in bed for three months. Eight days after injection of 600 grm. patient walks around; complete cure after three months. (5). Alcoholism, typhus exanthematicus, decubitus, pulmonary affection, 400 grm., injected, cure.—*L' Union Medicale.*

**BORAX AND BORACIC ACID IN DIPHTHERIA.**—*Goodhart (Lancet, Nov. 18)* reports in the *Clinical Soc. of London* the results of the local application of these agents in six cases of diphtheria. In four a saturated solution of boracic acid and glycerine was applied by the hand spray and laryngeal brush, frequently; in the others a dilute solution was employed. One case died of renal complications on the seventh day. Of the others three had croup, one nasal diphtheria, and all albuminuria in addition to the faucial involvement. In one tracheotomy was performed. The boracic acid seemed in all to be very beneficial in loosening, dissolving and preventing the re-formation of membrane, and in all cases seemed to give such relief that very little difficulty was experienced in carrying out the treatment. The above agents are good antiseptics and are harmless in action.

**SOCIETY BULLETIN.**—*Acad. of Med.* will meet Tuesday, Dec. 5th, 8.30 P. M.; Dr. Christopher Johnston on "Claims of the Medical Profession in Determining the Medical Appointments of City and State." *Clin. Soc.* will meet Friday, Dec. 15th, at 8 P. M. Dr. Tiffany will open the discussion. *Med. Ass'n* will meet Monday, Dec. 11th, at 8.30 P. M.; Dr. Kemp on "Treatment of Typhoid Fever." Nomination of officers for the ensuing year, January 8th, annual banquet



and election of officers. *Med. and Surg. Soc.* meets every Wednesday at 8.30 P. M. *Obstet. and Gynecot. Section, M. and C. F.*, will meet Friday, Dec. 22nd, at 8.45 P. M.

### MEDICAL ITEMS.

THE majority of the Board of Trustees have decided to open the Johns Hopkins Hospital not later than 1885, notwithstanding the Committee reported that it would be feasible to do so a year hence. This action is not considered final, the whole question hinging upon the funds. The sentiment of the Committee and profession seem to be strongly in favor of the earlier opening. = The health of ex-Surgeon-General Barnes continues to be so feeble as to excite the gravest apprehensions of his friends. Dr. Woodward, another of President Garfield's physicians, has been steadily sinking for several months past, and no hopes of his recovery are now entertained. = *Sun.* = Gentlemen who wish to contribute towards the purchase of a portrait of the first President of the Medical and Chirurgical Faculty are requested to hand their contributions to the Librarian as soon as convenient. = Dr. James A. Steuart has been appointed a member of the State Board of Health of Maryland. = The much talked-of artificial quinine made by M. Maumené has been tested by M. Combe for the Paris Academy of Medicine, who finds that the substance, made according to M. M.'s directions is not quinine at all. = *Rec.* = Dr. George W. Wiener, of this city, was suffocated to death by gas recently in Denver, Col. = According to Squibb (*Ephemeris Nov.*) a tight fitting stopper, which cannot be removed by the ordinary means, can almost always be gotten out by inverting the bottle in an inclined position in a vessel of warm water so that the neck is entirely in the water. This should be

kept up for one to three or more days, and for the last five minutes before the wrench is applied the water should be quite hot. = According to the *Louisville Medical News* there is reason to fear that at the next session of Congress an effort will be made to merge the Army Medical Museum and Library into the general Congressional Library. = I have spoken almost exclusively of what I have myself seen and investigated, says Cornil, in his work on Syphilis. = Dr. H. Albers died in Baltimore, October 7th, æt. 70. = The library of the Royal College of Surgeons of England contains about 40,000 volumes. = Carbolic acid is indeed a poison, and every antiseptic, in certain doses, must be regarded as poisonous; for it is hardly conceivable that any drug can exist which, possessing the power of destroying or rendering functionless the microscopic organisms which produce putrefaction, can, at the same time, be perfectly harmless towards the human organism. = *Von Nussbaum.* = Mr. Stevenson, of the Army Medical Department (*Ed. Medical Journal*), has found smearing the hands where bitten with a moist cake of soap, and allowing the lather to dry into the skin, the most effectual application for mosquito bites. = The mortality from typhoid fever in Paris had diminished somewhat at last accounts. = The "Desiccated Englishman" is the title applied to the typical Yankee by an English writer in *Knowledge*. The drying up process is attributed to the dryness of the climate here, and the heating arrangements used during our winters. "Americannitis" is another term applied by the same writer to the constitutional intensification, the general inflammatory exaltation said to prevail amongst us. = An Academy of Medicine has been formed in Dublin by an amalgamation of the several medical societies there. The membership consists of fellows, members and student associates, and the meetings will commence at once,

# MARYLAND MEDICAL JOURNAL:

A SEMI-MONTHLY JOURNAL OF


## MEDICINE AND SURGERY.

EDITORS:

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SUBSCRIPTION \$3.00 PER ANNUM, IN ADVANCE.

 Contributions from practitioners in good standing invited, and advertisements from reliable houses solicited. Address all business communications to

ASHBY & CORDELL, PROPRIETORS, 29 Park Avenue.

WHOLE No. 100. BALTIMORE, DECEMBER 15, 1882.

VOL. IX, No. 16.

## ORIGINAL COMMUNICATIONS.

### ORIGINAL PAPERS.

#### ASSOCIATED SYPHILIS AND TUBERCULOSIS OF THE LARYNX.

BY J. D. ARNOLD, M. D., OF BALTIMORE.  
*Read before Clinical Society of Md., Nov. 17, 1882.*

The following case presents some clinical features of such interest that I shall claim your indulgence to relate it somewhat in detail:

On March 21st. of this year, a young man, aged 28, came to me with the statement that about five months ago he had taken cold whilst bathing; a few days later his voice began to grow husky; it had gradually become worse, until now he can speak only in a toneless whisper. The patient's appearance led me to doubt the sufficiency of this etiology of his aphonia. He was extremely emaciated, with a pale, yellowish complexion, hollow brilliant eyes, and his thin lips occasionally emitted a spasmodic, ineffectual cough. On close questioning I learned that during the past twelve months he has frequently had slight hemorrhages. He has lost within that time nearly thirty pounds in

weight, and is now taking cod-liver oil and tar water. His father, and two uncles on his father's side, died from lung disease. His mother is alive and well. He has one younger brother who is well and robust. Upon examination I found the pharynx and even the arches of the soft palate very anæmic and wax-like. At the superior margin of the epiglottis there was a deep granulating ulcer with slightly infiltrated border, that had eaten away a small wedge-shaped portion of this cartilage. Both arytenoids were œdematous, though not much swollen, and between them in the inter-arytenoid space was a deep ulceration fringed anteriorly with white papillomatous excrescences which sprang probably from its border within the cavum of the larynx. The ventricular bands were red and thickened, but their epithelial covering seemed intact. The superior surface and vibrating edge of the whole left, and the anterior third of the right cord as well as the petiolus were covered with broad, shallow erosions, which appeared to extend no deeper than the mucous membrane.



The anterior wall of the trachea, which could be seen as far as the bifurcation, was red and glairy, but its mucous investment was unbroken.

If the history of the case, together with the laryngoscopic appearances, left any doubt in my mind as to its nature, they were quickly dispelled by the percussion and auscultation of the chest. The whole left apex was dull and woody as far as the lower margin of the second rib; at this height there was a suspicion of tympanism in the percussion note, and over the third rib at about two finger breadths from the edge of the sternum there was well-marked amphoric resonance. The breath sounds over the whole anterior aspect of this side were tubular and at the third rib distinctly cavernous. The upper portion of the right lung gave some signs of infiltration, the percussion lacked resonance and as far as the second rib there was mixed breathing with prolonged expiration. Posteriorly on the right side breathing and percussion note normal, except some slight dullness in the supra-scapular region. On the left side dullness and loud bronchial breathing as far as the sixth intercostal space; from this to the eighth there was some resonance which abruptly gave place to complete flatness at the ninth rib where all breath sounds and fremitus ceased. (Here very probably there were the remnants of a pleuritis; on the opposite side breathing could be distinctly heard as low as the tenth intercostal space).

With phthisis written in giant characters under every fact that the throat and lung examination had elicited, I addressed myself despairingly to the treatment. I continued the cod-liver oil, adding the hypophosphites, and gave my patient some very learned advice as to how he should feed himself, clothe himself and exercise himself. As the cough and swallowing were very painful, I directed him to use daily fifteen drops

of amyl nitrite to four ounces of water through a steam atomizer, and to come every day for an insufflation of morphia powder.

I expected, and my patient derived no benefit from this treatment other than a mitigation of the distressing cough and dysphagia, and better rest at night. On his seventh visit to my office, his conscience pricked him, and he said: "Doctor, you asked me if I had ever had any venereal disease and I answered no; but I did have a chance about three years ago." I hereupon examined him carefully and found an indurated scar behind the corona of his penis and several broad condylomata upon the scrotum and at the verge of the anus. A suspicion then arose in my mind about the throat ulceration, which I had no reason to entertain before, namely, that it might be non-tubercular. I forthwith put the patient upon the protoiodide, two-thirds of a grain, to one-sixth of a grain of opium, three times a day. In five days there appeared unmistakable signs of cicatrization in the ulcers upon the cords and epiglottis, and in three weeks they had entirely healed, but the arytenoid swelling and the deep inter-arytenoid ulcer showed not the faintest evidence of repair. The voice was considerably mended; for whilst before he could only whisper, his speech had now a hoarse intonation. The patient became much elated at this improvement and believed himself on the high road to recovery. I did not share this belief. In the latter part of October the pulmonary trouble became so advanced as to confine him to bed; during the past week there has developed a tubercular enteritis and in the due course of events I shall affix my name to his burial certificate.

All text-books upon throat disease mention the possibility of complicated syphilitic and tubercular ulceration, and Heinze and Eppinger note the probability that a syphilitic ulcer

occurring in a phthisical individual will become tubercular, but I have been unable to find any case recorded wherein, as in the case presented, there was undoubted syphilitic and tubercular disease progressing side by side, each after its own manner. Dr. John Mackenzie informs me, however, that he has seen a case agreeing essentially with the one related.

The evident clinical lesson taught by the foregoing experience is that destructive ulceration in the larynx of a phthisical patient should not be diagnosed too hastily as tubercular and therefore incurable. Observe further that such a case supports the view of Heinze that the larynx is invaded through the lymph or blood channels, and not from its mucous surface, since the ulcers on the cords and epiglottis certainly did not become tubercular. Of course against this might be advanced that a sloughing sore would not be apt to take up poison of any kind. The contrasted deportment of the venereal and tubercular ulcers towards the mercury used bears its own comment.

### REPORT OF A CASE OF PROLONGED GESTATION.

*(Read before the Baltimore Medical and Surgical Soc ety, Oct. 18, 1882).*

BY E. M. REID, M. D., OF BALTIMORE.

Pope says :—

"Know, then, thyself; presume not God to scan;  
The proper study of mankind is man."

Whether he intended by this that one should investigate his intra-uterine state, or limit the prosecution of his inquiries to his individual mundane existence, has never, to my knowledge, been fully determined. Whilst there have been volumes written on the subject of the violations of the laws governing one's extra-uterine life, there has been but little effort made to explain the causes of the suspension of those laws, which

have, from the time of the creation of human beings, governed their intra-uterine stay.

Now that there is a law fixing the period that intervenes in the mammalia between impregnation and the bringing forth of their young, no one can doubt; and, that that period in woman, as well as can be determined, in consequence of the uncertainty of ordinary data, is 280 days, is as equally well established. Now, granting that in the human race 280 days be Nature's law, there are physiological conditions which maintain the regularity of this rule as well as pathological disturbances which suspend it.

An example of the latter can be found in the following case of prolonged gestation :

From the computation of time, this case of gestation continued, at the lowest calculation, for a period of 295 days, for both parents had been separated for that many days, prior to the birth of the child, with no possible chance for cohabitation. And conception may have taken place some time before his departure, and the gestation be of even or greater length than that for which I contend.

Now what was the cause which prevented the expulsion of the fœtus at the proper time, viz., at the 280th day? It was, I believe, the arrest of its physiological development, by severe and copious hemorrhages, which occurred at an advanced stage of her gestation. On the 177th day of her gestation, reckoning from the time of his departure, she had a copious hemorrhage. On the 183rd day a second hemorrhage occurred, which was slight. On the 189th day she had a third hemorrhage, which was considerably greater than the second. On the 213th day she had another severe hemorrhage, which was followed by swooning and great reduction of strength. After the third hemorrhage there was considerable reduction in



the size of the abdomen, with complete cessation of the movements of the fœtus, which led the patient and her mother to suspect a mistaken diagnosis on my part. This state of affairs continued about a month, during which time she took freely of muriated tincture of iron and quinine, with absolute recumbent rest, after which period the resumption of the movements of the fœtus and gradual growth of the uterus again assured all of the correctness of the diagnosis.

It is pretty well conceded by the most learned writers on the subject, that up to the seventh month the ovum inhabits and distends only the body and fundus of the uterus, and that the antagonism of the fibres of cervix is not overcome until about or after this time. Now, notwithstanding Baudelocque's views to the contrary, I believe that the development and size of the fœtus are, according to the laws of development and capacity, the principal factors operating to fix approximately the time of the yielding of the uterine fibres.

From the above, I am led to the belief that but for the interruption of fœtal growth, consequent upon a diminished quantity, and impoverished quality of blood, this child would have been developed, and ready to engage the cervical fibres, at or about the seventh month, but that it continued to develop normally in the fundus and body of the uterus until after the third hemorrhage, which occurred on the 189th day, from which time to about the 219th day its insufficient and mal-nutrition limited its growth, and allowed it but a feeble existence, which delayed its birth to the 295th day, instead of the 280th day, the usual time of gestation.

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THE corporation of Brighton, England, has abandoned its action for libel against the *Lancet*.

## REFLEX PARALYSIS CURED BY CIRCUMCISION.

BY WM. B. CANFIELD, A. M., M. D., OF  
BALTIMORE.

(Read before the Clinical Society of Maryland Dec.  
1st, 1882).

Diseases of infancy and childhood so far differ from diseases in adult life that the two subjects have for some time been considered separately.

This division is especially marked in affections of the nervous system. J. Lewis Smith, in his work on the Diseases of Children, says: "Paralysis in young children is in most instances due to causes which seldom produce it in adults." That genital irritation, however great, can cause paralysis, is a question not yet settled.

Dentition and intestinal troubles are well-known causes of reflex disturbance; and by a reflex disturbance is meant one "depending upon irritation of some peripheral nerve either of the internal or external tissues, which is attended by no structural alteration of the nervous centre visible to the microscope and which is relieved by the removal of the irritation."

Dr. Day, in a recent work says: "Many paralytic affections (and especially paraplegia) are due, not to diseases of the spinal cord or its membranes, but simply to reflex irritation, starting from a sensory nerve or its branches, which have been irritated."

The following case seems to illustrate this subject: Joseph D., 6 years old, was first seen in November, 1881, when the following history was elicited: Had been apparently well up to within a week before I saw him; had just begun to attend school where he had been vaccinated. He came home on the second or third day and experienced a difficulty in walking, and in two more days he was confined to bed, and (as his mother says)

with slight fever. She attributed the trouble to rough treatment by the big boys at school and to the recent vaccination.

When first seen he had no loss of sensation, but almost complete loss of motion in the lower limbs (paraplegia). He could not stand or crawl and had to be turned over in bed. I eliminated result of vaccination and could find no history of injury received. He complained of pain down the limb, and especially at the knee. There was no trouble at the hip.

I made no diagnosis, but used friction and hot baths to the limbs and internally salicylates and iron.

He not only became no better but grew more helpless daily. The faradic current was applied to the muscles to prevent atrophy but with no effect.

As in a case related by Dr. Sayre, it was in drawing up the clothes to apply the battery that I noticed almost complete phimosis, with excessive tenderness. With little faith that paralysis and pain could come from such a trifling cause, but simply to put the part at rest, circumcision was resorted to. Chloroform was skilfully administered by Dr. Hiram Woods and the operation was performed in the usual manner.

From that moment the boy began to improve. As he had been confined to bed, I put him on tonics. When seen last month, one year from the time of operation, he was strong and hearty and better able to run about than ever before.

Of course one case imperfectly reported is not sufficient to prove the subject, for we know that thousands of boys may have phimosis and never have a sign of paralysis; but when a case of gradually increasing loss of power in a child presents itself we should look for phimosis and circumcise if practicable.

# ABSTRACT OF A PAPER ENTITLED "SOME UNUSUAL FORMS OF ERYTHEMA MULTIFORME."

BY I. EDMONDSON ATKINSON, M. D.,

Professor of Pathology and Clinical Professor of Dermatology, University of Maryland, School of Medicine.

The author began by reference to the simplification which has taken place in the study and nomenclature of skin diseases. This results from the recognition of pathological relationship of morbid processes apparently disconnected and dissimilar, but in reality closely related. Eczema, acne and the disease under consideration afford examples of this unity in variety. Clinical observation has shown that a series of cutaneous manifestations characterized successively by redness, papules, tubercles, vesicles and even blebs, belong to a closely related group, now known, after Hebra, as erythema exudativum multiforme. Under the terms erythema papulatum, tuberculatum, annulare, iris, marginatum, orygratum, urticatum, vesiculosum, bullosum, and herpes circinatum and iris, are included processes which are clinically identical, although their microscopical nature has not as yet been accurately determined. These forms may interblend with each other and with other affections confessedly different from them. Thus erythema urticatum exhibits relations with urticaria, erythema bullosum resembles acute pemphigus, erythema papulatum, tuberculatum and annulare, and the extravasated variety merge into purpura rheumatica, rendering it often difficult to determine whether we have to deal with the phases of erythema or with other affections which simulate it. Neumann's definition of erythema multiforme—bright or dark-red, disseminated or thickly clustered efflorescences, either flat or studded with central papules—was given and the necessity of distinguish-



ing the disease from erythema due to simple hyperæmia impressed. The various forms—erythema papulatum, annulare, etc.—were next described.

Several cases were then related illustrating the more obscure varieties of the affection, especially its vesicular and bullous forms. The *first* case was given as showing transitional stages between erythema annulare or iris and herpes circinatus. It was that of a healthy Irish girl, aged 18, who presented herself with an eruption of about two months' standing, confined to the forearm, hands and dorsal surfaces of the feet. It began as minute, pearly papules, very itchy, situated upon small red areolæ and of pinhead size. They increased in size and the summits became depressed so that after twenty-four hours they exhibited elevated rings. From many of the central depressions a slight serous discharge took place which ceased with gradual fading away of the lesions. The lesions did not exceed in size a small button. The best developed showed the characters which have given rise to the term erythema iris, the surrounding areola being red, the annular elevation within this paler, and the centre slowly fading with desquamation. Under the use of liquor potassæ arsenitis, *vi* viiss ter die., there was rapid improvement but a strong tendency to recurrence was subsequently manifested.

In the *second* case the lesions were most distinctly vesicular. It was that of a male mulatto, aged 28, with an eruption which had begun two months before as little papules and vesicles upon the backs and palms of his hands. All stages of the eruption were visible; large vesicles and small blebs or their remains were scattered over his legs and arms. Upon the hands, especially the palms, there were slightly elevated spots the size of split peas, showing infiltration and heat; these spots consisted of reddish areas inclosing slightly raised surfaces paler

than the normal skin, while external to the areas were pale surfaces like urticarial wheals but fading centrifugally (erythema iris). At their first appearance the raised whitened centres did not exist. The spots slowly faded, without peripheral extension, leaving brown desquamating surfaces. The outbreak in this case lasted nearly four months, almost disappearing under arsenic but speedily reappearing on its neglect.

The *third* case exhibited a blending of erythema papulatum and erythema bullosum. It was that of a stout young lady, of slightly constipated habit, who had had an eruption for six months. This eruption involved the face, neck, trunk, arms, backs and palms of hands, and feet. It had begun as small red spots rapidly becoming annular or circinate and extending peripherally. Many rings were surmounted by vesicles or blebs, at times said to equal the size of plums. The vesicles and blebs only developed upon the erythematous rings. There was burning pain but not much itching. Here and there transparent vesicles were arranged in circles (herpes circinatus). Some time previous to her visit blebs had formed on her soles, rendering her unable to walk, but at the time of examination only erythematous vesicular lesions were visible upon the skin. Upon the fauces were vesicles of considerable size. This case presented close analogies to acute pemphigus, but the circinate lesions indicated its true nature, the blebs being simply extreme examples of the lesion of the erythema. Arsenic always caused the disappearance of the eruption, but only during the time of taking it, and the patient had applied in order to secure more permanent relief.

The *fourth* and last case illustrated a tendency towards a more intense and rapid serous exudation. It occurred in a bright, slender mulatto boy, æt. 17, subject for six years, at

intervals, especially in the spring, to the eruption. He presented himself the day after the appearance of one of these attacks, with face, neck, and part of trunk covered with numerous vesicles from the size of a pin-head to that of a pea. All had erythematous bases and were discrete, not umbilicated and dome-shaped. On the cheek they formed a circle. On the back of the hands and forearms the eruption was papular. In a few hours the lesions developed, rapidly covering the whole body and coalescing in places to form large blebs.

Itching became aggravated into intolerable burning, requiring morphia for relief. Slight fever accompanied. On the third day the symptoms began to decline, and recovery rapidly followed, the areola slowly fading and the vesicles drying up and forming light crusts without moisture. This case presented analogies to acute eczema and acute pemphigus; from the first it was distinguished by its acuteness, the bullous character of the eruption, the absence of discharge and rapid recovery; acute pemphigus is exceedingly rare, and it is not impossible that it has no existence as a substantive affection, the cases reported really belonging to the disease under consideration.

Ordinarily this disease runs its course in from two to four weeks, and there is no special treatment that will with certainty abridge this period. In the more chronic cases and those tending to relapse, arsenic will secure a prompt subsidence of the lesions given in moderately liberal doses. So rapid is the improvement here that the action seems to be almost specific. The improvement is not always permanent, however, and premature abandonment of the treatment is pretty sure to be followed by a return when there is a tendency to chronicity.

This paper was read before the Clinical Society of Maryland, Nov. 17th, 1882, when the above notes were made.

## A CASE OF PROTRACTED UTERINE HEMORRHAGE AND SEPTICEMIA CAUSED BY RETENTION OF PORTIONS OF THE PLACENTA SIX WEEKS AFTER A MISCARRIAGE.

BY B. B. BROWNE, M. D.,

Professor of Diseases of Women in the Woman's Medical College of Baltimore, etc.

The patient, aged about 42, residing in Prince George County, had had a miscarriage at three months, six weeks previously; considerable hemorrhage occurred soon after, lasting five or six days; it then almost ceased, occurring only at intervals; for the past two weeks, however, the flow had been very profuse and exhausting. She was very anemic and thoroughly under the influence of septicemic poisoning.

Upon examination the uterus was found enlarged and retroverted, and the os slightly patulous but not sufficiently so to admit the index finger. The curette was introduced and some fragments of placental tissue removed; a much larger fragment was detected by the curette, and as the uterus was not sufficiently dilated to admit of its removal a tent was introduced and left in about ten hours, by which time the uterus was sufficiently dilated to admit the finger. The piece of placental tissue, which was two inches long and one inch wide, was found attached to the left side of the uterus and was removed by the large semi-sharp curette; the cavity of the uterus was mopped out with carbolized hot water, and Churchill's tinct. of iodine thoroughly applied. From this time the patient went on to uninterrupted recovery.



Browne's Semi-Sharp Curette.



The points of interest in the casewere: 1. The age of the patient (42), slight bloody discharges at intervals for the three months preceding the miscarriage, leading her to believe that it was "change of life."

2. The physician was not called until several days after the miscarriage, and from the history he obtained thought it was a case of uterine moles occurring at change of life.

3. The hemorrhage continuing a second physician was called, who thought he detected something projecting into the cervical canal, but he had no means for its removal, the cervix gradually contracted and the hemorrhage continued.

4. The value of the curette as a diagnostic agent in detecting abnormal conditions within the uterus.

## CLINICAL REPORTS.

### THE EYE CLINIC OF THE UNIVERSITY OF MARYLAND.

UNDER THE CHARGE OF PROFESSOR J. J. CHISOLM,

Professor of Eye and Ear Diseases in the University.

(Reported by Wardlaw McGill, M. D., for *Maryland Medical Journal*).

Outside of Baltimore there is no medical college in the United States in which as much time is given to the study of diseases of the eye and ear in didactic instruction, as is bestowed upon the heavy branches usually taught in a medical course. During the medical course of five months duration in the University of Maryland, three lectures per week are given to eye and ear diseases, two didactic and one clinical.

Prof. Chisolm has very successfully adopted the plan of illustrating in each clinic the didactic instructions of the previous lectures.

The large amount of clinical material in the University Dispensary, supplemented by the very large collection of patients at the Presbyterian Eye and Ear Charity Hospital, over which Prof. Chisolm presides, enables him to effect this in a manner seldom met with in surgical clinics.

As an illustration, last week the subject of the two didactic lectures in the University course was strabismus, and on Saturday eight cases of squint were brought simultaneously into the amphitheatre for the instruction of the medical class, the youngest, one year old, the eldest sixty-three years of age.

One of the patients had an internal squint from a paralytic condition of the external rectus muscle of the left eye; another had an external squint from insufficiency of the rectus muscle of the right eye. The six remaining patients were examples of convergent squints, some of the right eye; others of the left. These patients ranged in age from one to twenty-three years.

Thus at a glance the students could see all of the ordinary forms of squint, and study them in their relative frequency, the internal squint predominating, the divergent and paralytic forms being comparatively rare.

Some of these squinting eyes, from want of use had become amblyopic, so that very large print could scarcely be made out by the deflected eye. Others still retained acute vision in each eye; and although they could not concentrate both eyes on the same point or object, still they could use indifferently either eye, making the squint alternate from one to the other.

When one eye had more acute vision than the other, the best eye was always directed to the object looked at, at the same time the eye

with defective vision was turned in towards the nose.

By these cases it was easy to demonstrate the fallacy of the proposition to correct squint by closing up the good eye and thus compel the patient to use the crossed one. When the straight eye was covered, and the squinting eye assumed the straight position, the covered eye, when looked at behind the hand, was always found drawn in towards the nose, and crossed to the same degree as the squinting one, when both were exposed. Two of these cases of convergent squint in children of one and two years of age had been noticed a few days after the birth of the patients and were therefore called congenital.

All of the other cases of convergent squint had been developed with commencing school life, at from four to eight years of age.

The paralytic squint was in a woman sixty-three years of age, and had existed for two months. It had come on in twenty-four hours, the patient having marked rheumatic diathesis, and was accompanied with very annoying double sight.

The lecturer explained the necessity of making a very positive distinction between cases of muscular paralysis and true strabismus. In the one case the muscle, having lost the power of contracting, cannot pull the eye towards itself; and at the same time the muscle on the opposite side having to restrain it, pulls the eye in its direction. Whereas in a case of true strabismus all of the muscles retain their contractile power permitting the eye to move in every direction, but not in harmony with its fellow eye.

All of these cases of true squint had existed for a long time and had thus become permanent, so that the correction of the error of refraction in the eyes by the use of proper glasses would not remove the deform-

ity. In all of these cases operations were necessary to weaken the too strong muscle. When the squint was not one of high degree the Professor explained how division of the tendon of the faulty muscle in the displaced eye was sufficient to correct the deformity and restore binocular vision. In all cases in which the squint was excessive and especially if it had been of long continuance, it was necessary to divide the tendon of the internal rectus muscle in each eye, although only one eye had the cross in it. The double tenotomy could be done at one sitting, or the second operation could follow at an interval of days, weeks or months, the length of the interval not being of very great importance. As all the eight patients were residents of Baltimore, Prof. Chisolm performed tenotomy on one muscle only, so as to illustrate to the class the kind of cases in which one operation would suffice and also those in which one tenotomy will only partially remove the deformity. Should any squint remain as the sequel of one operation, the Professor stated he would correct it by performing a tenotomy on the internal rectus of the straight eye, although the squint might still show itself in the eye previously operated upon.

The necessity for an early operation was explained. It should be performed as soon as the cast in the eye had become permanent; and this regardless of the age of the patient.

He had operated for squint upon babies six months old and would operate upon the patients now in the clinic of one and two years of age respectively.

Delay in correcting the deformity usually brought about weak vision in the eye that is not being used.

The deformity of squint could be corrected at any age, but the eye when it had become weak from loss of acuteness of perception could not be made strong again for seeing.



In accordance with these views Prof. Chisolm proceeded to operate upon the youngest patient. The Professor, with the exception of bromide of ethyl, invariably uses chloroform as an anesthetic, and in the administration of it certain precautions are taken. The point most strongly dwelt upon, and from which there is never any deviation whatever, is that the patient must always be stimulated by a strong drink of whiskey, never less than from one to two ounces, before giving the chloroform. As I have before said, the Professor considers this absolutely necessary in all cases of adults. Children bear anesthetics so uniformly well that in his experience no such precaution is necessary. The chloroform is always given with the patient reclining; this precaution is also considered absolute. As soon as sleep begins to show itself the pillow is taken away from the head of the patient so as to insure a horizontal decubitus. If possible it is not given upon a full stomach as vomiting is almost certain to take place, not without danger to the patient and much to the inconvenience of the operator. If emesis does take place the patient is immediately turned on his side to prevent the contents of the stomach passing from the pharynx into the trachea and thus producing strangulation. Before commencing the administration, the patient is always asked whether or not he has false teeth or a quid of tobacco in his mouth, since these might also produce suffocation. If whilst taking the chloroform the patient is threatened with asphyxia, by a successful effort of partially swallowing his tongue, the chin is immediately elevated forcibly so as to advance the epiglottis and separate the arytenoid cartilages and thus establish the laryngeal opening. This forcing upward of the chin, which draws forward the root of the tongue from the back of the throat, has altogether done away with the

tongue forceps or a towel. A cone with open top, made of a towel folded many times, is used as the best inhaler. This is first held some distance from the patient's nose and gradually approached so as to prevent any feeling of suffocation.

Observing these peculiarities Professor Chisolm never hesitates for a moment to administer chloroform to all kinds of patients. To the old and to the young, to the strong and to the weak, and to the healthy as well as to the diseased, regardless of the organ in which the disease may be located. He now counts the patients to whom he has given it by the thousands, and has yet to meet with the first serious accident of any kind.

The patient one year of age, having been brought under the influence of chloroform, Prof. Chisolm proceeded to operate upon her. Each step of the operation was explained before it was performed, so that all of the class sitting on one side of the amphitheatre could follow every movement of the instruments, as forceps, hook, or scissors were applied. When the operation was completed and the patient removed, a second patient was chloroformed and the various steps of the tenotomy exhibited to the students on the other side of the lecture-room. A third patient, in turn, was operated upon in this slow methodical manner for the benefit of the class sitting in front of the arena. In a fourth patient the lecturer exhibited to the class how expeditiously squint-tenotomy might be completed under anesthesia, provided bromide of ethyl be used, an anesthetic which he has very extensively used during the past two years for all small operations, and those which can be performed in a few quick movements. In this class come tenotomies, iridectomies, scraping out of tarsal tumors, introduction of nasal probes, slitting of canaliculi for correction of epiphora, etc.

The patient, a boy ten years of age,

was then put on the table and was told to take long breaths when the apparatus was placed over his nose and mouth. The inhaler consisted of a thick towel, with a layer of paper in it, which was folded into a close cone. Into this was poured about a drachm of the bromide of ethyl, and it was immediately held firmly over the mouth and nose of the patient. He struggled to get away from the choking effects of the ether, but was held by assistants. An assistant with stop watch was requested to keep time for the information of the class. After less than a dozen inhalations, muscular efforts on the part of the boy ceased. The conjunctiva exhibited no reflex irritation, and the operation commenced. As rapidly as the instruments could be handled the conjunctival horizontal incision was made, the hook introduced, the tendon drawn through the wound, made gaping by stretching the lips of the incision over the bulbous end of the hook, and the tendon dissected away from its scleral insertion. A second introduction of the hook with a forward movement allowed it to advance under the conjunctiva to the corneal border, and was an evidence that all fibres of the tendon had been severed. The operation was then pronounced finished, and time was called. The time-keeper reported complete anesthesia in twenty-two seconds, the completion of the tenotomy in thirty-four seconds more, making fifty-six seconds for the entire ethylization and operation from the time the mask was put over the face to the removal of the search-hook from the wound. Two minutes afterwards the child got up from the table with consciousness fully restored, with no nausea or apparent discomfort of any kind. He had known nothing whatever of what had transpired. Prof. Chisolm has repeatedly performed this operation for squint, under bromide of ethyl, before the students at the University

in less than sixty seconds, from the beginning of ethylization to the end of the operation. For this rapid work it is necessary to have assistants familiar with this method of operating, and who are also quick in giving the necessary aid the moment it is needed.

In addition to the regular Saturday clinic at the University there is a clinic held every Tuesday from 2 to 4 o'clock P. M. at the Presbyterian Eye and Ear Charity Hospital. This is also for the benefit of the students of the University of Maryland. At the regular Tuesday clinics of the 14th and 21st of this month, the one preceding, and the other following, the regular University clinic of the 18th inst., the following cases were operated upon: Tuesday 14th, two cases of cataract extraction, two cases of iridectomy, two cases of capsulotomy for sequel of cataract extraction, two cases of internal squint. Tuesday Nov. 21st, two cases of cataract extraction, one case of iridectomy, preparatory to cataract extraction in a lens not altogether ripe for removal, one case of convergent squint, one case of divergent squint.

At the regular Saturday clinic at the University, Nov. 23rd, as the two preceding didactic lectures included cystic tumors of the lids, enucleation of the eye, etc., the following cases were brought before the class as illustrative of these lectures: Three cases of chalazion or meibomian cysts. Two of these were operated upon, the patient being under the influence of bromide of ethyl. The operation was performed by turning over the lid with a clamp, opening the cyst with a knife, turning out its contents and scraping off the epithelial lining of it with a curette.

There were two cases of lost eyes, in which it was necessary to enucleate or remove them in order to prevent sympathetic trouble in the sound eye. These operations were performed in a slow methodical man-



ner, each step being carefully explained as he went along, the patients being so placed that all of the students could have an opportunity of seeing. Both of these patients were placed under the influence of chloroform. At the same time the Professor presented a most interesting case, as illustrative of the dangers to which a patient was exposed from retention of a lost eye; that even after a lapse of many years of escape from trouble, still sympathetic inflammation might occur in the sound eye and eventually destroy it. The patient, a woman, lost the right eye forty-six years ago from having been struck in it with a piece of glass. Four years ago a sympathetic iritis developed in the left or sound eye, and now it is a question whether this will not be lost also. Showing the importance, when an eye is lost, of promptly putting the sound eye beyond the danger of sympathetic trouble.

## SOCIETY REPORTS.

### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 17, 1882.

(*Specialy reported for Md. Med. Journal*).

The Society was called to order about 8.30 P. M. by the President, Dr. Samuel Theobald, 37 members being in attendance. Dr. Aaron Friedenwald was proposed for membership, and Drs. Severn P. Costin and N. F. Hill were elected members.

SOME UNUSUAL FORMS OF ERYTHEMA MULTIFORME.—*Dr. I. Edmondson Atkinson* read a paper with this title, an abstract of which appears under the head of Original Papers, q. v.

A CASE OF ASSOCIATED SYPHILIS AND TUBERCULOSIS OF THE LARYNX.—*Dr. J. D. Arnold* read the report of this case, which appears in full under the same heading.

*Dr. John N. Mackenzie* was cognizant of similar cases. A man came to the London Throat Hospital with advanced phthisis, each lung containing cavities. Upon laryngoscopic examination the arytenoid cartilages both exhibited the pyriform swelling characteristic of phthisis; there was also a small ulceration on the interarytenoid fold, worm-eaten as in phthisis. There was also a deep syphilitic ulcer on the free edge of the epiglottis covered with dirty pus. There was a similar ulcer on the right ventricular band. The larynx was anæmic except at the site of the two syphilitic ulcers. Upon examining the penis a scar was found indicating the former existence of a chancre. Small doses of the bichloride of mercury,  $\frac{1}{32}$  grain, with iodide of potash, 5 grains, gradually increased, was ordered four times a day. Within two weeks the two syphilitic ulcers had cicatrized, but the tubercular ulceration continued to advance. One month afterwards laryngeal stenosis was so great that tracheotomy was thought of. The parts, however, were only scarified. The patient died subsequently of tubercular laryngeal phthisis. The non-specific ulcer had gone on from bad to worse, and minute ulcers formed at last on the arytenoid cartilages themselves.

Another case came into the hospital with phthisical lungs—the third stage of phthisis, there being a cavity in one lung. There was pyriform swelling of the ary-epiglottic fold. The cords were normal. On the left arytenoid cartilage there was a small ulcer of a worm-eaten appearance; on the right there were similar ulcers on the ventricular band. A circular ulcer also occupied the left ventricular band having all the characteristics of specificity. The patient was put upon a course of bichloride of mercury and iodide of potash, under which the ulceration healed. In both of these cases syphilitic lesions were unques-

tionably present. No iodoform, nor other local treatment, was employed in either case.

**SPECIMEN OF GIANT CELL SARCOMA OF THE BUTTOCK.**—*Dr. Michael* related the history of the case, that of a woman aged 70, who came with a polypoid tumor on the protruding part of the buttock of two years duration. There had been great increase in size and amount of pain during the last few months, and ulceration had occurred giving the patient much inconvenience. The growth was removed by an elliptical incision. It seemed to take its origin from the lower part of the fascia of the gluteus muscle. The specimen was submitted to *Dr. Councilman* for microscopic examination, who found it to be a giant cell sarcoma, an affection rare in this situation and in a person of this age.

*Dr. Winslow* asked whether it was not uncommon to find giant cell sarcoma elsewhere than in bone.

*Dr. Councilman* replied yes, but it does, nevertheless, sometimes occur. In the above case the features were distinctly marked. It was the only case he had ever seen disconnected from bone.

**A CASE OF PROTRACTED UTERINE HEMORRHAGE AND SEPTICÆMIA CAUSED BY RETENTION OF PORTIONS OF PLACENTA SIX WEEKS AFTER A MISCARRIAGE.**—The report of this case by *Dr. B. B. Browne*, is given elsewhere in full.

**SUGGESTIONS REGARDING THE LOCAL TREATMENT OF SOME OF THE COMMONER AFFECTIONS OF THE EARS.**—This was the regular subject of discussion for the evening, which was opened by the *President* with a paper. Local treatment in otology, he said, could seldom be dispensed with, and in most cases was our chief reliance. The subject was then discussed with reference to the various parts of the organs of hearing, commencing with the external ear.

In furuncular inflammation of the auditory meatus abortive treatment is not often successful, but if seen sufficiently early the development of the furuncle may be arrested occasionally by an ointment of yellow oxide of mercury and vaseline (gr. ii—5i) applied directly to the walls of the meatus several times a day and also by means of cotton. Three to four leeches constitute another useful measure. To relieve pain the *baume tranquille* (Fr. Codex, p. 308) six or eight drops instilled into the ear, is very efficacious. Hot water instillations or douche, or the application of a hot cloth sprinkled with laudanum may be added; poultices are not to be commended. Incision of the furuncle is useful only when it relieves tension or gives exit to pus.

In acute diffuse inflammation of the meatus, anodynes, hot water and especially leeches constitute the chief local measures.

Of chronic diffuse inflammation of the meatus, there are two forms: 1. Dry; cerumen and epidermis masses. 2. Redness and swelling with sero-purulent discharge, the meatus resembling a mucous membrane in appearance. In the first form the following ointment will prove useful, applied with a camel's hair brush: *R.* Yellow oxide of mercury, gr. viii; balsam Peru, gtt. xv; vaseline, ʒss. In the second the oxide of zinc and boracic acid mixture, equal parts, blown into the ear after careful syringing was recommended. Diffuse inflammation is often due to the presence of aspergillus; here the powder seldom fails to destroy the fungus—a number of cases had been observed.

Eczema of the auricle was next considered.

In acute inflammation of the middle ear, a four-grain solution of atropia dropped into the ear was recommended as lessening or relieving pain and diminishing inflammation. Leeches are also useful. Incisions of the membrane are not too readily to be resorted to. Re-



paration of the membrane usually takes place after rupture. Syringing may retard the healing. If it does not readily heal, boracic acid solution, gr. v to x to water  $\frac{3}{4}$  i, should be used, or first cleaning with the Politzer bag and then blowing into the opening the oxide of zinc and boracic acid powder.

In acute otorrhœa, nitrate of silver and sulph. zinc injections are rarely required. The persistent discharge of chronic otorrhœa is rarely found without previous rupture of the drum-head. The indications here are to improve the condition and restore the drum-head, and to remove polypi. The last indication can best be fulfilled by means of Blake's snare and chromic acid. The zinc and boracic acid powder is the best form of local application; the zinc is useful by its drying effect. At first the powder should be applied daily; as the discharge declines the interval should be lengthened. The best way to apply it is by blowing it in through a quill. In some cases we may advantageously omit the boracic acid and use the oxide of zinc by itself.

When the labyrinth is affected local treatment is of little use, except leeches, etc.

In middle-ear catarrh the chief attention should be directed to the throat and post-nasal regions. Periosteal thickening has much to do with many cases of obstinate deafness. Iodine and nitrate of silver, in order, are the best remedies in post-nasal catarrh. A gargle is almost always of use in middle-ear catarrh. Von Troeltsch recommends the following: R. Potass. iodid.,  $\frac{3}{4}$  ii; tinct. iodin., spts. vin. gall. each  $\frac{3}{4}$  i; aquæ,  $\frac{3}{4}$  ii. M. S.  $\frac{3}{4}$  ii in a half-tumbler of water and use as a gargle three times a day. The spray was advocated, either of nitrate of silver or boracic acid and alum. It is important in these cases to act without delay before sclerotic changes have occurred.

Dr. Arnold added his testimony to the value of boracic acid in the manner recommended by Dr. Theobald.

Dr. Mackenzie had had excellent results from powders in the treatment of ear disease, but found them objectionable on the ground of their

tendency to clog the passages and form a paste with the discharge, which was often difficult of removal. Liquids were, as a rule, preferable. It is a physical impossibility in the normal condition of things to reach the naso-pharynx with a gargle, for in the act of deglutition and gargling, all communication between pharynx and naso-pharynx is shut off, and the liquid, therefore, never reaches the part which it is designed to medicate. Gargles may, however, act mechanically by dislodging mucus from the upper pharynx through muscular action. Even the improved methods of cleansing the post-nasal space are sometimes of little avail in freeing the Eustachian tubes and fossæ of Rosenmüller of mucus. Quite frequently shreds of tenacious mucus hang from the swollen orifices of the tubes, giving the appearance of an enlarged cervix uteri in a state of chronic inflammation, which require instrumental aid for their extraction. The successful treatment of chronic middle-ear catarrh depends upon the recognition of certain pathological states of the naso-pharynx which invariably precede it. These are, generally, hypertrophic nasal catarrh, glandular disease of the naso-pharynx, papillary or adenoid growths and hypertrophic conditions of the pharyngeal tonsil. As a necessary preliminary to the cure of the otitis media, these conditions must be removed by surgical methods. As for the treatment of the ear itself systematic inflation with atmospheric air and the introduction of medicated vapors through the Eustachian tubes is the most rational mode of procedure.

Dr. Bermann said that in chronic otorrhœa, where every other known remedy had been tried and failed, a 5 to 10 per cent. solution of nitrate of silver dropped warm into the ear with a dropping tube and left there for ten minutes, meanwhile, while the patient was lying on the opposite ear, applying the Eustachian catheter in order to

allow the fluid to touch all parts of the mucous membrane, had been efficient in stopping the discharge after one or two applications. He had observed in anemic persons, especially women, an atrophic form of catarrh where no hypertrophy of the mucous membrane had preceded, and which was due to insufficient nutrition from weak circulation. In reply to a question of Dr. Mackenzie, he said he did not mean ozaena or any condition approaching it; that it was frequently accompanied by catarrh of the middle ear and tubes.

Was not so much opposed to incising the drum membrane even in cases of chronic middle-ear catarrh as well as acute inflammation. In the eczematous condition of the external ear he advised unguent. diachyli Hebra or salve composed of vaseline and yellow oxide of mercury as used in eye practice.

#### MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Four hundred and forty-seventh regular meeting. Dr. C. F. Percival, Chairman pro tem; Dr. C. S. Parker, Reporting Secretary. Minutes of last meeting read and approved.

*Dr. Pole* exhibited a specimen of the intestines invaginated near the end of the duodenum, again at the ilio-cæcal valve, and a few inches above this, the latter being very much congested. The history of the case is as follows: A colored man, aged 23 years, jumped from a cart upon a runaway horse's back in order to stop him. Diarrhœa and sick stomach set in, but the doctor was not sent for until a number of days after the accident, when the vomit contained stercoreaceous matter, and the stools blood and mucus. The condition of collapse became more profound, the patient dying on the fifth day. Caseous deposits were found in the lungs.

*Dr. Chambers* called attention to the very rare occurrence of intussusception after childhood and questioned whether it might not have been a case of chronic dysentery, with paralysis of portions of the intestines, then possibly invagination, and not as a result of traumatism, which invariably selects the ilio-cæcal valve alone.

*Dr. Norris* cited three cases as follows: The patients, seafaring men, suffered from cough and emaciation, with no pulmonary trouble on physical examination; the spleen, however, was found to be enlarged and tender. This led the Doctor to consider the cough as reflex to the splenic irritation from malaria, and he accordingly prescribed 20-grain doses of quinia t. i. d., with the satisfaction of effecting a cure in less than two weeks.

*Dr. Lynch* had seen similar cases where irritation of any portion of the pneumogastric nerve produced this reflex cough, and thinks that Dr. Norris' cases were rather due to hepatic than splenic irritation from congestion. Cited a case where the cough immediately ceased with the passage of a gallstone. In his own case the cough does not begin until directly after breakfast.

*Dr. Brinton* spoke of a case of troublesome cough relieved by the cure of auditory trouble, which Dr. Chambers likewise attributed to irritation of Arnold's nerve (a branch of the pneumogastric).

On motion the subject was dropped. The paper for the evening, entitled "MALARIA," was then read by its author, *Dr. Thos. B. Evans*. The following is a brief resumé of Dr. Evans' paper: On looking over the recent works and journalistic publications on this subject, I found them so thorough, so exhaustive, as to permit of my adding little to what has been said there. I therefore submit these few statements to your consideration in the hope of eliciting a discussion profitable to all. The term malaria



has been erroneously affixed to certain forms of fevers better known as remittent, intermittent and congestive fevers. In order, therefore, not to be misunderstood or misinterpreted, it is necessary that when I assert, for instance, that diphtheria is caused by malaria, I preface this assertion by an explanation of what I mean by the word malaria. According to its originators, the word malaria has been employed to signify foul or bad air, being synonymous with the word miasm, relating to stagnant effluvia from marsh soil. Most writers and experimental scientists of to-day agree that there is a micro-organism which, under favorable environments, produces malaria. What these particular environments are, and as to the kind and characteristics of the malaria germ, there is yet great diversity of opinion. Chemically, nothing definite has been obtained. Microscopically, Crudei has discovered the bacillus, Salisbury the palmellæ, Ecklund, of Sweden, other forms. Warmth, moisture and vegetable decomposition are the tripod, the essentials to the generation of the germs in question and dependent upon the amount and combination of either is the virility of the germ; hence, after a warm spell of weather or in Southern climes, the disease occurs endemically, and especially along the coast where vegetable decomposition is more abundant and is aided by warmth and moisture. That malaria is not present in certain portions of Australia is accounted for by the absence of one of these factors. Dr. Evans, in conclusion, said that he believed the germ to have its abode in the soil, which, when upturned and influenced by the aforementioned tripod, was productive of malaria and cited instances which tended to prove this theory. In the discussion which followed, Drs. J. S. Lynch, C. F. Percival, W. H. Norris, J. J. Caldwell, E. M. Reid, A. C. Pole, G. H. Rohé,

G. F. Taylor and others took part. Dr. Evans closed the discussion, when the society went into executive session.

## EDITORIAL.

HOSPITAL SATURDAY AND SUNDAY IN BALTIMORE.—In our issue of Nov. 15, 1881, we noted the fact that the Hospital Relief Association of Maryland had resolved to initiate here a movement for the setting apart of one Saturday and Sunday in each year on which collections could be taken up in the churches and among the business men of the city, for the benefit of our various hospitals and their inmates. We then felt confident, both that the movement would be well received by the community if properly inaugurated, and that in the hands of the Hospital Relief Association it would be thus inaugurated. Although unavoidably delayed this movement has now become an accomplished fact, and the daily papers have within the last few days—strangely without mention of the source from which it originated—contained accounts of an association bearing the title "The Hospital Saturday and Sunday Association of the City of Baltimore," formed especially to carry on the work. The last Saturday and Sunday in the year have been selected as the dates of the collection, and it is proposed to commence the work with the close of the present year. The clergy of several of the leading congregations have signified their intention to co-operate in the movement, and it is quite reasonable to expect that the forthcoming collections will amount to a very respectable figure—\$8,000 to \$10,000 we confidently anticipate. The gentlemen who have been selected to superintend the movement are among the most esteemed and influential in the community, and are presided over by Judge Dobbin, who has recently retired from the judicial bench, full of years and of honors.

HOME FOR INCURABLES.—This is another enterprise, in the prosecution of which the Hospital Relief Association is engaged, and with encouraging prospects

of success. The motive for its inception was the alleged fact that there is little, if any, provision made for the reception of this class of unfortunates by any of the institutions now in operation in this city. This is not strictly true, for the city almshouse (or Bay View Asylum) is accessible to those who cannot do better. The institution contemplated, however, is designed to meet rather a special than a general want in this respect. It is intended, not so much for the lowest class of the population whose antecedents and associations do not render them over-sensitive as to the source from whence they receive charity, as for those persons who have enjoyed some of the refinements, and perhaps luxuries of life, and who consequently would contemplate with horror the publicity and humiliation of the "poor house." We must all realize, upon the least reflection, that the changes and vicissitudes of life may, at any time, reduce those nearest and dearest to each of us to the necessity of seeking aid from the charitable, and must, therefore, see how desirable it would be under such circumstances to have such resources to fall back upon as are contemplated by the projectors of this Home.

The Treasurer of the Fund for the Home, Mr. Henry A. Wise, has placed in our hands a memorandum of the amount so far collected, from which it appears that the first contribution to the "Fund," was \$125, from "a friend," April 14, 1881. The chief receipts since added have been \$203.27, net profits of Shakspearean Reading, April 23, 1881; \$50 from Mrs. T. Harrison Garrett, Sept. 1, 1881; \$320.93, proceeds of strawberry festival, June 17, 1882; \$68.11, proceeds grand organ concert, Dec. 2, 1882. The total amount collected so far is \$957.81. When the amount reaches \$1000, it is proposed to elect a Board of Trustees composed of prominent gentlemen, who will have entire control of the finances of the Home, leaving the management in every other department to the Hospital Relief Association (*Annual Report of President, December, 1881*).

And thus, in the midst of the struggling life of the world, the good are ever striving to neutralize the evil that is in it, and

ministering angels in human flesh—and generally of what we are accustomed to call the weaker sex, though surely not weaker in their ability to soothe and to succor—are ever going in and out among us, helping poor human nature to bear its burdens and giving us a foretaste of that ideal life for which all true men yearn. Can we withhold our sympathy, our admiration for such works and such workers?—"he who loves not others lives unblest!"

OUR EDITORIAL STAFF.—We publish elsewhere a list of the gentlemen who will henceforth aid us in the editorial conduct of this journal. Nearly every specialty is represented, and as will be seen by men thoroughly identified with the progress of medicine in this State as well as at large. With such support—heartily and efficiently afforded as we have every confidence it will be—the JOURNAL cannot fail to be greatly enhanced in value and become more than ever one in which the profession of Maryland can feel it has a worthy representative. But although the demands of the times, the interests of our journal, and a consciousness of our own inability to do full justice to all the questions continually presenting themselves for our consideration and comment, have induced us to call to our aid gentlemen so competent in their respective branches, we shall nevertheless still welcome the aid of all good men in the profession of this State and elsewhere; without their assistance we will feel that our success can only be partial, that our object can only be half gained. We are much gratified with the expressions of approval at our course that have reached us from various sources, and are sanguine that the THE MARYLAND MEDICAL JOURNAL will henceforth be able to take a still more advanced position among the leading and most influential medical periodicals of this and other countries.

OUR NEW ANATOMY LAW.—It seems, after all, our new anatomy law, upon which in our simplicity we congratulated the profession of Maryland a few weeks since, is to go by default for want of a penalty. A peculiar fatality has attended medical legislation in this state, and



doctors have about come to the conclusion that not only they themselves are failures as medical lawgivers, but that those who are competent for such tasks, in connection with the ordinary concerns of life, fail conspicuously here. When the chief legal adviser of the city counsels to ignore it, and the chief medical officer of the city declares that he will not abide by it, we may well suppose that it might as well not be on the statute book. We are still then to occupy the anomalous position of being authorized by law to teach anatomy without any provision for the attainment of the means of doing so. "Ever thus from childhood's hour," etc.

**BROMIDE OF ETHYL ANÆSTHESIA.**—While this agent seems to have been abandoned as an anæsthetic by everyone else, Dr. Chisolm continues to have with it phenomenal success in short, quickly executed operations upon the eye. Over 300 cases now attest its utility and safety in his hands. He administers the vapor in a concentrated form and obtains anæsthesia as quickly as possible. We will have the pleasure, in our next issue, of laying before our readers an interesting and valuable paper by Dr. Chisolm upon the subject, giving his experience in full up to the present time. This article, read before the Baltimore Academy of Medicine at a recent meeting, cannot fail to be regarded as an important contribution to the more and more pressing subject of anæsthetics.

**PRESIDENT GARFIELD'S PHYSICIANS.**—The estimate placed upon the services of the attending physicians of the late President, and which has been announced in the daily papers, has been preceded by too much of personality to leave us a conviction of its justice. We cannot forget the insolent language of grave senators in their allusions to the medical gentlemen in question when discussing their claims. Now, there are some considerations connected with this subject which, as citizens, we should not ignore; as physicians, are bound to insist upon. In the first place, suppose the President had recovered; can we doubt for a moment that a grateful country would have demanded the full payment of the

claims as presented? And yet the same amount of services should receive the same compensation, whatever the result may be. In incurable cases of disease are we to be shorn of our just dues because we could not perform the impossible feat of curing our patients? Again, the gauge of the value of one's services depends, as we all know, upon the reputation of the medical attendant, and the responsibility which he incurs. Viewed in this light we must see that the circumstances attending the illness of President Garfield were extraordinary. Expectation and hope were strained to their utmost in contemplating the possible results of his wound, and every movement and word of the physicians was scanned with a million of eyes. It was a position not to be coveted. Added to this were the reputation, ability and personal sacrifices of the eminent surgeons who, abandoning a lucrative practice, came on from New York and Philadelphia to attend the case. Lastly, we would only refer to the difficulties and uncertainties connected with practice, and especially in cases such as that of the President to inculcate charity upon those members of the profession who are disposed to criticize severely the course of the physicians. Do we never feel any distrust of our judgment and ability to deal with obscure and difficult cases? Can we not feel that it is a very different thing criticising at a distance and without responsibility, to standing in the full light of that responsibility, with the necessity of action staring us full in the face, and the consciousness that a false step will ruin us forever? In view of these and other considerations that might be adduced, we cannot but regard the action of the Board of Audit in reducing the amounts accorded to the physicians to about one fifth of those claimed in their bills to be parsimonious and contemptible.

**PROF. CABELL IN DEFENCE OF LISTERISM.**—When Prof. Cabell writes anything for publication it is in a style that commands attention. In speaking of the antiseptic method of treatment, in the *Virginia Med. Monthly*, Dec., 1882, he utters, as we believe, a wholesome rebuke against those superficial or sensa-

tional surgeons who are joining in the senseless cry "Listerism is dead." He says such a statement, in view of the fact that the practice is upheld by such men as Paget, Spencer Wells, Knowsley Thornton and many others in England, and by numerous surgeons of equal eminence in Germany, France and America, is simply preposterous. "Those who make it," he says, "probably intend to say that, *in their opinion*, Listerism ought to die. As a matter of opinion this is intelligible and will doubtless be received with as much consideration as may properly be due to the opportunities which the parties concerned may have had, for making a fair comparison of Listerism with other methods. It deserves notice, however, that every person who denounced Listerism in the discussion in Philadelphia took credit to himself for never having tried it." Among continental surgeons Professor Stokes says the following testify to the value of antiseptic treatment: Von Nussbaum, Bardeleben, Esmarch, Thersch, Von Langenbeck, Volkmann, Sixtort f and Champouñnière. In reference to Mr. Lawson Tait's alleged success, without antiseptics, Prof. Cabell recalls the statement of this gentlemen that the progressive lessening of the death-rate in ovariectomy indicates nothing more than mere increase of general skill. Of Keith's dramatic announcement that since he had abandoned Listerism he had had twenty-seven successive recoveries, it is pointed out that it applied only to the use of the spray. All that such facts prove, according to Prof. Cabell, is "that the highest success has been attained without the use of the Listerian dressings, but they do not convince the majority of skilled ovariectomists that it is safe to dispense with the additional security which the Listerian method confers. It is the part of wisdom to use every possible precaution against the development of septic conditions. That the Listerian precautions do avail to this end, the experience of Spencer Wells, Goodell and Homans abundantly proves. Operating under identical conditions in all other respects they found a notable difference in the results of their antiseptic and non-antiseptic cases." Wells, with the exercise

of the utmost care, was able only to reduce his mortality to 17 p. c.; but immediately on adopting the antiseptic method it fell to 11 p. c. Recently a crucial test has been made at the Samaritan Hospital, which showed a mortality with antiseptics of about 7 p. c., and without of about 30 p. c., which led the committee having charge of the observations "to express a strong opinion against the performance of ovariectomy for the future without full antiseptic precautions."

BALTIMORE EYE, EAR AND THROAT CHARITY HOSPITAL.—We omitted to note at the proper time the opening of this institution, located at 186 Franklin Street. It has both an out-door or dispensary department and an in-door or hospital department, the former being open daily at 2 P. M. It has twenty beds, several of which, we understand, are already filled. Under the direction of its energetic managers and its distinguished medical staff, it is beyond doubt destined to develop in the future into an institution of great magnitude and importance and to take a conspicuous part in the special clinical instruction to be given in Baltimore.

## REVIEWS, BOOKS & PAMPHLETS.

### *Annual Report of the National Board of Health for 1882.*

The Report of the National Board of Health for the year 1882 has been submitted to the Secretary of the Treasury, and a copy of the same is upon our table. The report gives, at some length, the work of the Board and an outline of the investigations conducted under its direction. These investigations have been carried on by able and faithful workers in different branches of scientific study, and the views and experiments related offer a number of points of general interest to the student of science. Attention is first directed to the investigation, under the direction of Prof. J. W. Mailer, of the University of Virginia, with the co-operation of Prof. H. Newell Martin, of the Johns Hopkins University, "on the best method of determining the amount of organic matter in potable water, and



on the specific effects produced on the health of individuals who drink waters variously contaminated." An abstract of this report has been published in Supplement No. 19 of the Bulletin, issued some months back.

It is stated in the report that this abstract has been republished in the chemical journals of this country and of England, and is regarded as the most complete and valuable inquiry into the sanitary relations of potable water which has yet been made. Among the conclusions reached by this investigation support is given to the idea that it is not mainly the quantity of organic matter but the presence and nature of low organisms which render drinking water unwholesome. The generally assumed theory that matter of vegetable origin is harmless, or comparatively so, while that of animal origin is highly dangerous is shown to be an error. The results ascertained by Prof. Mallet go to show that under the special conditions of these experiments with rabbits, vegetable matter representing mainly or largely alteration products of woody fibre may be in a high degree pernicious. It was also observed that for nearly all the waters classed as "dangerous" the ratio of organic carbon to organic nitrogen was rather high.

Attention is next directed to "a supplementary investigation as to the value of certain improvements suggested in the foregoing report in the method of water analysis," carried out by Prof. Mallet aided by Dr. Charles Smart, U.S.A.

The result of an investigation into "the conditions under which different styles of traps lose their water seal by siphon action" conducted by Ed. S. Philbrick, C. E. and Ernest W. Bowditch, makes it probable that the ordinary S trap alone, with ample air vent, is the best for use under water-closets, and also for all other fixtures where its proper ventilation can be secured within reasonable limits of expense. It was found that the best and most simple remedy for the siphoning of traps, in most cases, was the introduction of air at the normal pressure at the crown of the trap.

The investigations of Drs. H. C. Wood and H. F. Formad, "on the relations of

diphtheria to other septic diseases," published in full in a supplement to the Bulletin, are referred to as "full of interest and extremely important." The report says: "It only remains to ascertain the conditions under which 'the inert organisms always present in the mouth,' or the same organisms introduced from without are developed into the 'active state,' and we shall, in all probability, have it in our power to apply absolutely preventive measures against a domestic scourge, which is far more destructive in the long run than either cholera or yellow fever."

It is to be regretted that "the investigations on the filtering capacity of soils," commenced by Prof. Raphael Pumpelly, of the U. S. Geological Survey, assisted by Prof. Geo. A. Smythe, have been suspended for the want of the necessary funds for their continuance. The preliminary report printed in the Bulletin had awakened the liveliest interest among sanitarians, and in the language of the report, "one eminent scientist, who has made many valuable contributions to the sanitary applications of chemistry, has pronounced it to be one of the most important contributions ever made, to our knowledge, of the propagation of epidemic diseases." Investigations of the character last named are of great practical value and importance, and it is a great loss to science that such work should be restricted by monetary embarrassments.

The importance of the "Collection of Vital Statistics" is fully set forth by the report. In this country no attempt is made to collect vital statistics except once in ten years, whilst in Great Britain, under an admirable system of registration, births, deaths and marriages are made public in weekly, quarterly and annual reports. The absence of a correct system of registration in this country is fully recognized, and the Board accordingly considers it very desirable that Congress should, by special act, authorize the aiding in the collection of vital statistics in the manner indicated in the report of the Committee—of which Dr. J. S. Billings is chairman—and appropriate the amount necessary to give its action practical effect.

The report treats at some length of the "operation of the Board with respect to quarantine, maritime and interstate." This portion of the report will be read with interest, as it presents the subject of state and national quarantine operations in clear and practical light. It is stated that "the experience of nearly four years has satisfied the Board that it is neither necessary nor desirable to clothe the central authority with quarantine powers in order to obtain a reasonable security against the invasion of foreign epidemics; that the arguments so often triumphantly insisted upon, that it is only by means of a national quarantine that uniformity as to the regulations can be secured, is, in point of fact, specious and deceptive; and that the public health may be as efficiently protected under the system of co-operation with states and municipal boards of health inaugurated by this Board, in conformity with the provision of the act of June 2, 1879, as under any national system of quarantine which supersedes or interferes with State authority." The views here expressed set at rest the much dreaded conflict between state and national authority, and the dread of centralized power which the act of the Board, it was believed at one time, threatened to establish.

The report gives the operation of the "immigrant inspection service to prevent the introduction and spread of small pox" recently inaugurated by the Board. The object of this service is to inspect immigrants with reference to their protection from smallpox, at several of the prominent seaports and the railroad centres of the north. If the person examined be found to be satisfactorily vaccinated, or if being unprotected he now consents to be vaccinated, he is furnished with a protection card, which is good until the next inspecting station is reached. Here he is re-examined and re-vaccinated if necessary. No compulsion is exercised, but the unprotected person may be refused admission by health authorities beyond the state lines. Inspectors were placed at New York, Philadelphia, Baltimore, Port Huron, Chicago and at several distributing centres.

The report expresses regret at the necessity for the suspension of the Bulletin

In this regret we fully coincide. Whilst this publication could not be regarded of essential value to the practicing physician, its weekly visits gave information of general interest to the professional reader, and frequent suggestions of practical value to the sanitarian. We encourage the hope that the publication of the Bulletin will be resumed during the coming year.

The report discusses calmly and fairly the "ground of the opposition to the National Board of Health" and meets the charges of uselessness and extravagance in a satisfactory manner. We do not share the opinions of those who seek to undervalue the services and functions of the National Board of Health. A careful study of the operations of the Board during the past year, nay since its organization, will convince the fair minded inquirer that this organization is rendering a service to sanitary science of vast importance. It is a subject of regret that its functions have been restricted by limited appropriations and injudicious legislation. Under a government of vast territory, inexhaustible wealth and defective health laws, a National Board of Health should enjoy the functions and dignity of a special Bureau, having for its head a member of the President's Cabinet, and liberal appropriations for the conduct of its varied and useful operations.

**CORRIGENDUM**—The case reported by Dr. Wiegand at the close of his paper on Diphtheria in the last issue of this Journal, was, through a misapprehension, introduced as an instance of the failure of sulphur in the local treatment, whereas its author designed to quote it as an apparent illustration of the efficacy of this remedy.

### MISCELLANY.

**VILPEAU.**—"The name of Velpeau must have reached many of you, for he died in 1867, and his many works made his name widely known. Coming to Paris in wooden shoes, starving, almost, at first, he raised himself to great eminence as a surgeon and as



an author, and at last obtained the professorship to which his talents and learning entitled him. His example may be an encouragement to some of my younger hearers who are born, not with the silver spoon in their mouths, but with the two-tined iron fork in their hands. It is a poor thing to take up their milk porridge with in their young days, but in after years it will often transfix the solid dump-lings that roll out of the silver spoon. So Velpeau found it. He had not what is called genius; he was far from prepossessing in aspect, looking as if he might have wielded the sledge-hammer (as I think he had done in early life) rather than the lancet, but he had industry, determination, intelligence, character, and he made his way to distinction and prosperity, as some of you sitting on these benches and wondering what is to become of you in the struggle for life will have done before the twentieth century has got half way through its first quarter. A good sound head over a pair of wooden shoes is a great deal better than a wooden head belonging to an owner who cases his feet in calfskin, but a good brain is not enough without a stout heart to fill the four great conduits that carry at once fuel and fire to that mightiest of engines.—*Dr. O. W. Holmes in Farewell Address.*

**PREVENTIVE MEASURES AGAINST LEPROSY.**—*Dr. Jas. C. White*, Professor of Dermatology in Harvard University, in an article on the "Contagion of Leprosy" (*Am. Journ. Med. Sci.*, Oct.), says of such measures: "Are they justifiable, it will be asked; why not so as much as the national laws concerning yellow fever and municipal regulations against smallpox? These kill their victims quickly and intermittingly, leprosy after years of frightful disfigurement and pauperism. If we cannot prevent our country from becoming the refuge of the world's

criminals, we may at least take such action that it shall not be made the asylum for its infectious diseases. If Draconian laws regarding marriage and intercourse could stamp out consumption and syphilis, as some say they will, who would feel that he had a right to oppose them? Lepers belong to the dangerous classes of the community, which require perpetual confinement, and the sooner this remedy is applied the less seeming cruelty will attach to it."

**RUPTURE OF SPLEEN.**—*Pellereau* (*Am. Journ. Med. Sci.*, Oct.) observed thirteen cases in the Isle of France in about two years, four of which were spontaneous. The symptoms were those of a more or less violent collapse. A more or less acute pain was felt in the left hypochondrium, with exacerbations probably due to extension of the laceration. Death, which occurred in a few minutes or not for two or three days, was due to internal hemorrhage, and was preceded by pallor and other symptoms indicating this condition. The post-mortem revealed coagula with sero-sanguinolent fluid in the abdomen, especially the left hypochondrium and iliac fossa. The spleen was softened or diffuent and so broken down as to resemble a mass of extravasated blood. It was sometimes adherent to adjacent structures. A thin capsule, enlargement and adhesion of the organ, softened parenchyma, and atrophy and alteration of the constituent elements favor the occurrence. All of the thirteen, except one, were male adults; one resulted from a kick, one from a push, one from a blow with the fist, and one was spontaneous and due to coughing. The conclusions are: The organ is not easily ruptured if sound and there be no malaria; a counterstroke may effect it; a man may continue to walk or work after the accident and may live at the most three days.

HOW DR. PHYSICK TREATED A DISEASED KNEE.—The following letter, which has recently been donated to the Library of the Medical and Surgical Faculty of Maryland, is of interest both on account of its authorship, and as showing the approved methods of treating a chronic (probably scrofulous) arthritis in vogue sixty-four years ago :

PHILADA , 17th Sept., 1818.

SIR:—I have had the pleasure of rec<sup>d</sup>. your favour of 15th inst. containing an account of the remedies used in the case of Capt. Geo. Hobson's son who is afflicted with a diseased knee. Your polite offer to receive from me any communication on the subject of its further treatment induces me to propose for your consideration the following measures—

1st a recumbent posture on a bed or sofa *day* and *night* placing him in such a way that the knee may be more elevated than the other superior parts of the body.

2nd a vegetable diet with water alone for drink.

3rd if on applying the hand the heat of the diseased knee feels greater than of the other knee to take some blood from his arm and after<sup>ds</sup> by cupping and scarifying or by leeches, from the knee.

4th Purg<sup>g</sup> every other day with Jalap, Senna, or some such article given in doses sufficient to procure three or four stools each time—

5th Blistering the knee and repeating it occasionally—

6th After the above treatment to endeavour to promote absorption of the effused fluid by making moderate compression with a bandage or with what is called a *knee piece* laced over the swelling.

Whether these remedies will succeed in a case of eight years duration I cannot determine but in all recent cases of such effusion into the cavity of the knee joint that I have met

with a cure has been effected by persevering in their use for six or eight weeks. I am sir yours, &c,

P. S. PHYSICK

W. H. Clendenen, M. D.

Baltimore, Md.

FORMAD ON THE BACILLUS TUBERCULOSIS.—*Dr. Formad*, of Philadelphia, (*Phila. Med. Times*, Nov. 18) is of the opinion that phthisis is not an infectious disease, and that any specificity it has is dependent upon a narrowness and partial obliteration by cellular elements of the lymph spaces of the connective tissue of those individuals born with the "scrofulous" habit This anatomical arrangement can be acquired by malnutrition and confinement. In these two classes any injury resulting in inflammation, or repeated injuries, is alone sufficient to cause the tubercular disease. The bacillus tuberculosis is not necessary to the causation of tubercle, which seems to serve merely as a nidus for its growth. The bacilli, however, appear to induce destruction of the tubercular tissue, and such destruction is in direct proportion to the quantity of organisms present.

EXTIRPATION OF CASEATING GLANDS.

—*L. Von Lesser* (*Centralbl. f. Chir.*, No. 22, 1882, and *Lond. Med. Rec.*, Oct. 15) says the unsatisfactory results of external applications and of the parenchymatous injections of Fowler's solution and carbolic acid led him to use the knife; in many cases and many regions of the body, especially the neck and about lower jaw, masses of swollen glands were carefully removed so that no diseased glands could be seen in the wound and the sheath of the large vessels was often freely exposed. Notwithstanding the extent of the wound healing was generally aseptic, and in most cases patients did not keep to the bed. In most the cure was complete and the general condition remarkably improved. In some the cicatrix remained red and swollen, and in about three weeks broke open and discharged caseous material, and this took place even in cases where the glands had been removed *in toto*, and consequently no caseous matter had



come in contact with the surface of the wound. In these fistulæ perfect cure was only effected after repeated scraping of the renewed cheesy deposit. In some cases of extirpation the wound healed and cicatrix remained sound, but new swollen and diseased glands formed speedily about the wound. L. has recently tried subcutaneous "scooping out" of the caseating gland with satisfaction. Fixing the gland between two fingers, a narrow knife is thrust through the skin into it, when through the little wound a small sharp spoon is introduced and the caseating mass broken down and removed by the spoon and by pressure. Several glands may thus be removed through one small opening. Antiseptic precautions are required, including the spray, otherwise circumglandular phlegmon is liable to follow. Anesthetics are not required except in the young or feeble, or when several punctures are to be made at once. When the glands are superficial a light antiseptic dressing is alone needed but when the scoop has been deeply introduced, a small drainage tube should be placed in the wound for three or four days. L. regards "scooping" as to be preferred to extirpation, being less severe, not preventing the patient continuing his occupation, and causing considerably less disfigurement. To the objection that as all the glands at the site of operation cannot be seen, some diseased ones may be left, he replies that complete extirpation of a mass of glands does not protect against future swelling of neighboring ones, or caseous infiltration of the wound.

SOCIETY BULLETIN.—*Clin. Soc. of Md.* will meet Friday, Jan. 5th, 1883, 8 P. M.; Dr. Latimer on "Neuritis." *Acaad. of Med.* will meet Tuesday, Dec. 19th. 8.30 P. M.; Dr. T. B. Owings, of Ellicott City, "Remarks on a Thirty Years' Obstetric Practice." *Med. Ass'n* will meet Monday, Jan. 8th, 8.30 P. M.; annual meeting, banquet and election of officers. *Med. and Surg. Soc.* meets every Wednesday at 8.30 P. M. *Obstet. and Gynecol. Section, M. and C. F.*, will meet Friday, Dec. 22nd, at 8.45 P. M.

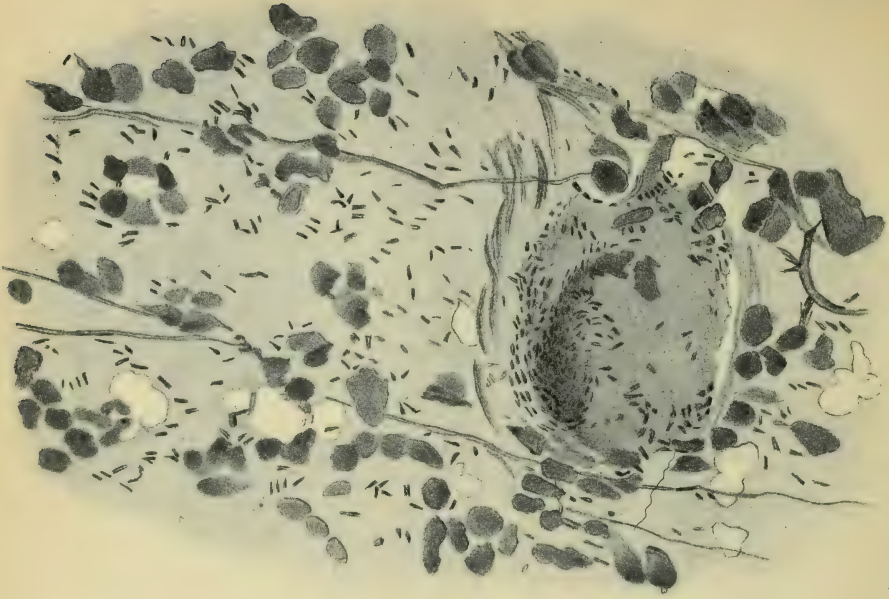
## MEDICAL ITEMS.

ACCORDING to the *Baltimore Sun* the following figures represent the number of free beds in Baltimore: In Baltimore Infirmary (University Hospital), 25; in City Hospital, 25; Presbyterian Eye and Ear, 20; Woman's Hospital, 16; Nursery and Child's Hospital, 50; Baltimore Eye, Ear and Throat, 15; Church Home and Infirmary, 43.—We learn that a movement has been inaugurated with a view to the possible establishment of a "Poliklinik" in Baltimore.—A medical society has been organized at Cambridge, Md., by the physicians of Dorchester Co.—Dr. J. F. McShane, Asst. Commissioner of Health of Baltimore, is acting as secretary of the State Board of Health during the absence of the secretary, Dr. Chancellor, in Europe.—A resolution has been adopted by the State Board of Health declaring that virus furnished by the State Vaccine Agent shall be given free of charge to physicians only when they use it to vaccinate free of charge.—Dr. J. McHenry Howard, Quarantine Physician of Baltimore, writes: "I have had over eight cases vaccinated after four or five days exposure to smallpox, and though the vaccination has manifested a success coeval with the outbreak of smallpox eruption, it has apparently had no effect." "I have received over 550 patients since Nov. 9th, 1881."—Dr. Geo. Critchett, the distinguished London oculist, died Nov. 1st, aged 65.—Dr. Schmidt, of New Orleans, it is said, claims that Koch's tubercular bacilli are nothing more than fatty crystals, basing his belief, it appears, chiefly upon their disappearance under boiling ether.—Dr. Austin Flint is delivering a course of three lectures on the physical exploration of the lungs, before the Phila. Co. Medical Society.—Dr. J. McHenry Howard, Quarantine Physician, reports that there were 121 cases of smallpox at the hospital during the month of November; 27 died, 37 were discharged and 57 remained in hospital Dec. 1.—The German Pharmacopœia, the decennial revision of which is just out, is written in Latin.—Dr. P. L. Murphy, of Sampson Co., N. C., has been elected superintendent of Western Lunatic Asylum of that state.



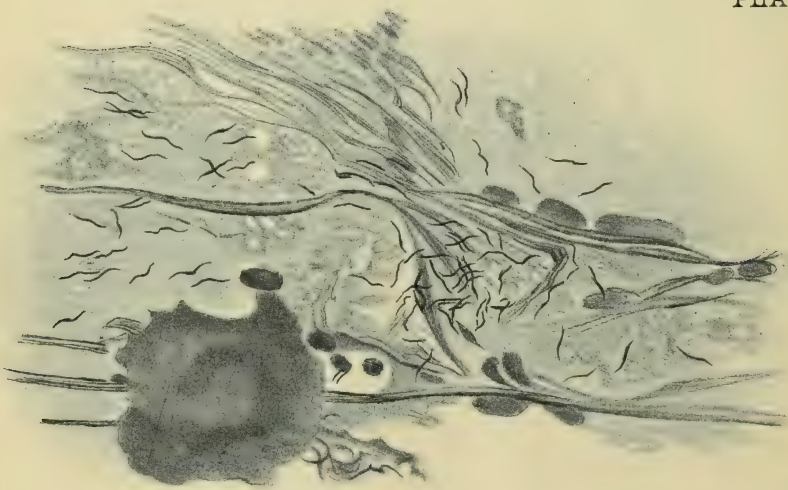


PLATE I.



Hard Chancre Secretion with bacteria magnified 850 diameters.

PLATE II.



Soft Chancre Secretion with bacteria magnified 850 diameters.

DRAWN BY HEITZMANN.

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WHOLE No. 101.

BALTIMORE, JANUARY 1, 1883.

VOL. IX, No. 17.

## ORIGINAL PAPERS.

### BACTERIA AND THEIR PRESENCE IN SYPHILITIC SECRETIONS.

*(From the Clinic of Prof. Neumann in Vienna).*

BY ROBERT B. MORISON, M. D., OF  
BALTIMORE.

The question of the cause of contagion in disease has ever been a stumbling-block to scientific men. Until the theory of disease germs was promulgated there was no satisfactory explanation. This theory sprang from the fact that certain secretions produced certain diseases, and it was natural to suppose there was something contained in such secretions peculiar to themselves. Acting upon this idea Koch worked out the bacillus tuberculosis and thus gave an impetus to others to make similar investigations.

It is, however, no new idea to look for the germs of disease in syphilis, for certain morbid products have been described by Hallier, Klebs, I. Beremann, Aufrecht, Salisbury and others. That they were not more successful in

their work is due to the poor methods used in their investigations.

Since the introduction of aniline colors we have an agent which enables us easily to find bacteria whenever they are present. These colors have a tendency to stain bacteria more intensely than the tissues so that the coloring of the latter can be completely washed out while the former still retain their color. Without this process it is almost impossible to distinguish such small particles of matter; with it they are made as plain as any other microscopic object.

In looking for bacteria strict cleanliness is to be observed, and the investigations should be carried out as soon as possible after the removal of the secretion or tissue.

It has been my good fortune, after working up the various methods of staining under Prof. Chiari, in the Rudolph Hospital, to have a place generously offered me in his laboratory, by Prof. Neumann, for the purpose of investigating syphilitic ulcerations.

There could be no better place for such investigations than in Prof. Neu-



mann's wards. The patients in any stage of the disease have merely to walk a few steps into the laboratory where everything is ready for experiment. It is thus possible to reduce to a minimum the chance of contamination from outside influences.

In all my examinations of the secretion, it was either removed from the chancre or papule with a needle, which had been heated red-hot and spread out upon a cover-glass, which had also been heated, or the glasses were put directly upon the sore itself. It is then spread out into a thin layer on a cover slip and after drying the slip is heated gently over a flame, then dipped into acetic acid and placed in alcohol. It is now allowed to dry, and after this it is ready for staining, which can be done either with methylene blue or after Ehrlich's method, with fuchsine. I prefer the latter. The only alteration made in Ehrlich's method of staining was in the strength of the acid. I found it necessary after leaving the preparation in fuchsine for half an hour and gently warming it at the same time, to dip it then into a solution of nitric acid and distilled water of the strength of one to six.

Since using the above described method I have not failed to find bacteria in the secretions of chancres and papules. In several cases, at the suggestion of Prof. Neumann, the secretion from a papule—which appears to have more bacteria in it than that from a chancre—was first taken from its surface, then the papule was cut out and the secretion from the under surface taken as well as blood from the cut surface. In all such preparations from different parts the same bacteria were found although the greatest possible care was observed in cleanliness and celerity. The blood from the cut surface was allowed to flow a short while and then the surface was wiped clean before any was taken for examination. In several cases

also the tissues of chancres and papules were examined and the same bacteria discovered. This is, however, much more difficult than finding them in the secretions. The tissue must either be frozen or hardened in alcohol and sections made with a microtome. They must be cleared up in strong acetic acid, washed in absolute alcohol, and it is then better to spread them out upon a cover-glass and evaporate the alcohol over a flame. In this way they are made adherent to the glass and can be stained in the same manner as the secretions. In order to find these bacteria it is necessary to use an oil immersion and an Abbé condensing apparatus under the stage. My glass is an oil immersion—a fifteenth ( $\frac{1}{15}$ )—from Reichert, in Vienna, and magnifies eight hundred diameters.

The bacteria are small cylindrical rods. They are generally found crowded together in groups as in plate 1, have always the same form and can be easily distinguished from the detritus of the tissues by their more intense color.

In order to give a definite idea of the stage of the disease in which the secretions were taken from the patients I shall relate the clinical history of the following fifteen cases:

*First case.*—Woman with elevated moist coalescing papules on vulva, papulo-pustular syphilide, psoriasis palmaris et plantaris, in eighteenth week of infection. The secretion of papules taken. Twelve specimens examined and in all bacteria found stained with methylene blue and fuchsine.

*Second case.*—Man with a chancre as large as a cent upon the upper lip, swollen lymph glands, papular syphilide, psoriasis plantaris. Twelve weeks since infection. Secretion of chancre examined three times in a week and bacteria found in all preparations. Stained with fuchsine.

*Third case.*—Man with two small chancres in sulcus coronarius, swollen

gland in right groin. Five to six weeks since infection. Secretion from chancres twice examined within a week and bacteria found in all preparations. Stained with fuchsine.

*Fourth case.*—Woman. Oedema indurativum of left lab. majus; moist follicular erosions on right. Seventh week since infection. Secretions twice taken from erosions and examined. Bacteria found in all preparations. Stained with fuchsine.

*Fifth case.*—Moist papules, size of a pea, on edge of vulva and of anus; lymph glands swollen; pale macular syphilide. Thirteenth week since infection. Secretion three times taken from papules, and bacteria found in all preparations. Stained with fuchsine.

*Sixth case.*—Man with a chancre size of a copper on frenum; swollen glands in groin and on neck; maculopapular syphilide; ninth week since infection. Secretion taken several times from chancre and bacteria found in all preparations. Stained with fuchsine.

*Seventh case.*—Man. Large superficial chancre on the inner surface of prepuce, lymphangitis dorsalis; swollen glands in groins and on neck, and sixth week since infection. Secretion taken three times from chancre and bacteria always found. Stained with fuchsine.

*Eighth case.*—Large, moist, granulating chancre on prepuce, lymphangitis, swollen glands, papular eruption on body, pustules on head. Sixteenth week since infection. Secretion taken twice from chancre and bacteria in great numbers found in all preparations. Stained with fuchsine.

*Ninth case.*—Man with a large chancre on lower lip. Macular syphilide, psoriasis palmaris, swollen lymph glands. Sixteenth week since infection. Secretion taken from chancre and bacteria always found. Stained with fuchsine.

*Tenth case.*—Woman. Elevated papules on vulva and anus, macular

syphilide, elevated papules on tonsils and in the corners of the mouth, psoriasis plantaris. Eighteenth week since infection. Secretion taken from papules on tonsils and bacteria found in all preparations. Stained with fuchsine.

*Eleventh case.*—Man. Moist papules on penis and around anus, maculopapular syphilide, swollen glands. Eighteenth week since infection. Secretion and tissue of papules round anus taken, and bacteria found in both. Stained with fuchsine.

*Twelfth case.*—Woman. Coalescing papules on vulva, macular syphilide of the whole body, papules in the corners of the mouth and on tonsils. Secretion tissue and blood of papules on vulva examined and bacteria found in all three. Stained with fuchsine.

*Thirteenth case.*—Woman. Moist, elevated papules of vulva and perineum, macular syphilide. Twelfth week since infection. Secretion and blood of papules examined and bacteria found in both. Stained with fuchsine.

*Fourteenth case.*—Man. Secretion from chancre in sulcus coronarius examined and bacteria found in all preparations. Stained with fuchsine.

*Fifteenth case.*—Man. Chancre on the inner surface of prepuce, macular syphilide, swollen glands. Fifth to sixth month since infection. Tissue and secretion from chancre examined and bacteria found in both. Stained with methylene blue and fuchsine.

Recent experiments by Birch-Hirschfeld, as well as Martineau and Hamon describe forms of bacteria in syphilis. Whether they are the same as those above described remains to be proven. M. and H. inoculated young pigs with the secretion of chancres, and produced syphilis in them. They then examined the blood of the animals and found bacteria in it. It would seem natural to suppose bacteria would be found in their proper form in the secretions which are known by experience to be most contagious.



I am far from being certain, however, that these bacteria which I have found in great numbers, are themselves the cause of syphilis. It would require much more exact work to prove such a statement if made, for they must be cultivated through several generations in the most careful manner, and they must then produce syphilis wherever inoculated. The difficulty of making such experiments is due to the immunity which animals apparently have against the inoculation of syphilis. It is to be hoped, therefore, that the recent production of it in young pigs by Martineau and Hamon will prove, by further experiment, to establish the fact that there is at least one animal which can be inoculated.

After finding bacteria in such numbers in the secretion of hard chancres, I then examined that of chancroids or soft chancres, and also found bacteria. They are, however, entirely different as far as my investigations go, from those of hard chancres. They are longer and thinner, and resemble the milz-brand bacteria, though they are, of course, much smaller than the latter. (see plate 2.)

I also looked for bacteria in normal blood, the pus of acne pustules and of eczema pustulosum, and in the serum of pemphigus blebs, but found nothing resembling them; in fact, no bacteria at all.

Further experiments must show what is the role which these particular bacteria play in syphilis. They would certainly appear from these investigations, to be present only in that disease, and that they may be possibly the cause is hardly to be denied since we now know so much more than formerly the role which other bacteria play in other diseases.

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PROF. VIRCHOW has in his laboratory, at Berlin, a collection of 6,000 skulls, representing all races and times.

## BROMIDE OF ETHYL, THE MOST PERFECT ANÆSTHETIC FOR SHORT, PAINFUL SURGICAL OPERATIONS.

BY JULIAN J. CHISOLM, M. D.,

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(Read before Balto. Academy of Medicine, Dec. 5, 1882).

Three years since, when the Bromide of Ethyl was brought prominently forward as a substitute for chloroform by Dr. R. J. Levis and Dr. Laurence Turnbull, both of Philadelphia, I, with other surgeons, experimented with the new anæsthetic, with the intent of comparing its reputed advantages with the well-known agents sulphuric ether and chloroform. I discarded it after a very short trial on account of its apparent inefficiency, and because of the very evanescent nature of the sleep induced by it. I found great difficulty in putting my patients to sleep; and when at last narcotised, they would suddenly recover consciousness at most awkward periods in the midst of eye operations, to my serious annoyance. In two cases especially, in which I continued the inhalation from time to time as I would have done with chloroform, until upwards of an ounce of the bromide of ethyl was used, nausea and vomiting followed, which, in its severity and duration, I have rarely seen exceeded in the most sensitive of my chloroform patients. For twenty-four hours the sickness of stomach continued. The hospital ward in which the patients were lying had its atmosphere redolent with the garlicky odor of phosphorus, and the breath of these patients was offensive from the same smell on the day after the inhalation. For some months after this very unsatisfactory brief experience my bromide of ethyl bottle remained corked. About this time great publicity was given to a death from ethyl administration under the care of Dr. Marion Sims, of New York, in which several ounces had been used, followed soon afterwards by a death under the use of ethyl in the practice of Dr. Levis, of Philadelphia. These fatal cases put a very sudden stop to the use of bromide of ethyl in the United States.

Confiding in the statements of Drs. Levis and Turnbull, I still believed that the bromide of ethyl possessed attributes which I had not succeeded in developing, and I therefore again commenced experimenting with this new remedy. By degrees, as I became better acquainted with it, it secured my confidence. For the past year I have used it on an average at least once every day, often administering it four, five or six times, during the day's work in private practice and at the Eye Hospital. Familiarity with its peculiarities and effects, and a better acquaintance with the proper method of administering it, has taught me to value its advantages more and more highly, till now I consider it *par excellence* the anæsthetic to be used for any painful surgical operation which can be quickly performed. *Having found out how to use it, and what to expect from its administration, I now obtain the most brilliant results from it, and have become quite enthusiastic in its praises.*

In every patient, using the needful precautions, I have produced complete narcosis in less than one minute, often in from twenty to thirty seconds; a deep sleep which, however, will not last more than one or two minutes. From this speedily induced narcosis recovery is rapid and complete, with neither nausea nor heaviness, so that as a rule five minutes after the inhalation the patient is as much himself as if no anæsthesia had been induced. Experience has taught me that these are the peculiarities of the bromide of ethyl when administered for anæsthetic purposes, and that as such they will prove of inestimable value to surgery.

The following very interesting cases, patients recently operated upon, will illustrate how thoroughly and speedily the brain resumes its full functions after complete ethyl narcosis:

Miss M., a self-possessed little girl, eight years of age, desired to have an ugly squint corrected, and exhibited no timidity in witnessing the preparations needful for its performance. Prior to getting upon the table she had her collar loosened to remove any impediment to respiration. In doing so she took two roses from her dress and placed them on a vacant chair near by. She

was then put on the operating table and the bromide of ethyl administered. A very few inspirations produced deep sleep, under which the tenotomy of the rectus muscle was performed. The ethylization and squint operation occupied fifty-six seconds; the time was taken by one of my assistants. Within three minutes from the commencement of the narcotism the child was perfectly awake, and was ready to get from the table. When on the floor she walked at once to the chair, and within four minutes from the time that the anæsthesia was commenced she was engaged in pinning these roses into the front of her dress, with a composure which showed not only no present discomfort but a complete oblivion of the experience through which she had just passed.

*The second case*, also one of convergent squint, was that of a boy, fifteen years of age, who seemed very anxious to get rid of his deformity. After getting on the operating table, before the medical class at the University of Maryland clinic, I told him that when the towel was placed over his face it would have a very choking sensation, but that he could not choke from it. I also showed him how to take quick and full inspirations, so that the suffocative sensations would entirely pass away before he had breathed a half dozen times. When the folded towel, upon which a drachm of ethyl had been poured, was placed over his face, he commenced a most active respiratory movement, which in a very few seconds quieted down into deep sleep. Within thirty seconds from the commencement of the ethylization narcotism was profound. The operation was commenced without delay and the division of the tendon speedily consummated. The entire operation, from the commencing ethylization to the perfection of the tenotomy, did not exceed sixty seconds. A minute had not elapsed from the completion of the operation when he awoke, and jumping from the table to the floor of the amphitheatre he cried out in a jubilant voice, "I am all right," much to the amusement of the medical class who crowded the benches of the amphitheatre; a very different behavior from that which follows the inha-



lation of chloroform or ether. In this case the entire period, from the beginning of the inhalation, through the stage of complete narcosis, to perfect restoration, did not exceed two minutes.

A *third case* was that of a gentleman of extremely nervous temperament, who was disfigured by a tarsal tumor which on account of his dread of being operated upon, he had carried over a year. On Sunday morning he presented himself at my office with the request that I would operate upon him at once, making as a condition that I would give him chloroform. It is an established rule with me never to administer an anæsthetic without an assistant being present. Having explained the necessity for this course, I requested him to meet me at the University Hospital within an hour, so that I could secure the presence and aid of the resident physician as my assistant. I anticipated his arrival and had every thing prepared for his coming. I received him on his entering the vestibule of the hospital and accompanied him at once to the amphitheatre. With no loss of time he got upon the table and was told to take full inspirations in spite of the suffocative feeling of the ethyl. As soon as the cone containing a drachm of the bromide of ethyl was placed over his nose and mouth, he commenced a series of slow, deep inspirations, which terminated in full narcosis by the time the eighth inspiration was taken. His breathing was free, pulse strong, color of face bright, with the appearance in every respect of ordinary, deep, natural sleep. Desmarres' ring forceps or clamp soon secured the lid, the tumor was freely opened from the conjunctival surface, and by means of a cutting spoon its epithelial lining was speedily scraped off. A few rapid rotations of the spoon effected this very promptly. This manipulation was a matter of a very few seconds. The awaking was equally prompt. Within two minutes from the time he laid upon the table he was again standing on the floor. Upon being questioned he said that he was perfectly himself, and had felt nothing whatever of the operation. He asked whether all was over, and when assured of it he put on his hat and walked out of the room. Within six minutes from the time of his

arrival he was again passing out of the entrance door of the hospital into the street, having, during this very short period, been ethylized, operated upon and resumed his natural condition of feeling.

I might go on enumerating case after case, until my entire experience with the wonderful efficacy of ethyl, in all cases of what I now call primary anæsthesia, was gone through with, covering at this time over 400 inhalations. These three cases, however, will suffice to show how thoroughly the brain recovers its perfect functions after the deep but very transient impression brought about through the inhalation of the vapor of this potent agent. Persons who, only two minutes before, had been in such deep sleep that they were insensible to pain, now walking with a firm tread and with a clear brain out of the operating room.

On account of its activity, efficiency, and the evanescent nature of its narcotic effects, the bromide of ethyl has become my favorite anæsthetic for all surgical cases, in which, by quick manipulation, I can perfect a painful operation in a short period.

Experience, by daily administration, has taught me this very valuable lesson, viz., that it is not an anæsthetic which can be advantageously repeated or be continued for any length of time. This is one of the serious mistakes which I made in my early experiments and which induced me, through ignorance, to discard the new agent as unreliable.

*Its wonderful action is obtained during the first minute of its inhalation and what I have called its primary anæsthesia.*

In cases, in which from some interference with the rapidity of the manual of operative procedure this primary anæsthesia wears off, and a second, and even more numerous administrations have to be made to keep up the anæsthetic state, while the narcosis can at all times be reproduced, nausea is very apt to follow. Then is established a mental depression, as from the continued use of chloroform or ether, which may last for hours.

Fortunately there are many surgical operations of a very painful nature which can be perfected within the short period

of a primary ethyl narcosis. Abscesses can be lanced, cysts emptied, sinuses laid open, wounds probed, strictures incised, muscles divided, surfaces cauterized, examinations made necessitating painful manipulations as in detecting the existence of recent fractures, and even amputations performed. It must not be forgotten that prior to the discovery of anæsthetics Mr. Liston urged the general adoption of flap amputations, because all painful cutting, including the sawing of the bones, could be completed in so many seconds and did not require minutes at the hands of dextrous surgeons.

In Eye and Ear Surgery, in which I am exclusively interested, tumors can be removed from the lids, abscesses punctured, orbital sinuses explored, the lachrymal canals laid open, the nasal ducts probed, canthotomy practiced, crossed eyes straightened, the operation for artificial pupil perfected, in-growing lashes destroyed by the cautery, and even optico-ciliary neurotomy completed. All such operations I perform now under a primary ethylization, if the patient exhibits any timidity or expresses a desire to be put to sleep. If every preparation be made in advance, instruments arranged in the order in which they are to be used, and placed within easy reach, and if the surgeon is able to manipulate with dexterity, it can be readily seen that a very large part of the painful procedures of surgical practice might be made altogether painless by taking advantage of the wonderful nature of ethyl narcosis.

In Eye Surgery I not only use it daily but if now deprived of it, would feel that I had lost my very best assistant.

What can be more satisfactory than the correction of that ugly deformity, squint, under the perfectly quieting influence of the bromide of ethyl, in less than one minute, to cover ethylization and the tenotomy? In fifty-two seconds, as measured by the stop-watch, I have ethylized the patient and completed the division of the faulty muscle. The patient, quite himself in two minutes more, finds the ugly deformity gone, and without the slightest knowledge, on his part, of how the wonderful transformation has been brought about. This was my most expeditious operation. In the presence of the large medical class of the Univer-

sity of Maryland I have repeatedly completed the entire operation for the correction of squint, including the whole time necessary for the administration of the anæsthetic, in less than sixty seconds, as measured by the stop-watch.

*To use the bromide of ethyl efficiently one must have confidence in himself and also in the safety of the agent which he is administering.*

For long operations, or such as I desire to complete slowly, I prefer to administer chloroform, an anæsthetic with which I have had a long, extensive and uninterruptedly satisfactory experience. *Of over 12,000 patients, upon whom I have operated under the narcotic effects of chloroform, I have not lost one.* These patients cover organic disorders of heart, lungs, kidney or visceral disease, in persons of all ages, from the child only a few days old to my oldest chloroform administration, a very old man of ninety-six. Some were strong while others were very feeble.

Chloroform has always served me so faithfully that I have never had any good reason for transferring my allegiance to sulphuric ether. I now and then use ether but only at long intervals. Should a patient express any positive objection to chloroform and desire that ether be administered in his case, I always carry out his wishes. When the selection of the anæsthetic is left to me, and it usually is, my preference is decidedly for chloroform. I use chloroform so freely that I buy it literally by the gallon or in seven-pound bottles, many of which I have emptied. Of sulphuric ether I still have a pound bottle, which has been in my possession already five years, with contents not yet consumed. I believe that sulphuric ether is as safe as chloroform, but not more so. I know it to be more disagreeable in its odor and much more unpleasant in its inhalation. I believe that either chloroform or ether, when carefully given in accordance with well-known laws, which should always be observed in the inhalation of anæsthetics, will carry safety in its train. I also believe that if proper care be not taken, trouble may come to both patient and surgeon regardless of the agent selected. Some physicians have much more anxiety while using anæsthetics than



others, not because they have a worse class of patients, but because they have never acquired the necessary confidence in the agent they use, nor do they feel the necessity, under conviction, of always having and observing fixed rules for their guidance in the use of these powerful agents.

After an experience, of thirty years of an active surgical practice, I still hold chloroform to be the best of anæsthetics for tedious operations, provided certain simple rules are adhered to in its administration. I can enumerate them in very few words:

1. I always, *without a single exception*, give a strong drink of whiskey, from one to two ounces, to every adult to whom I intend to administer chloroform. This is done a few minutes before they get on the operating table. Because I never omit this fundamental law, and in advance sustain the heart against the depressing effect of the anæsthetic, in not one of my 12,000 cases have I ever had to use, in a single instance, a hypodermic of whiskey. It is already in the stomach should it be needed and can do no harm if not required.

2. Always loose the neck and chest clothing so as to have no impediment to respiration.

3. Only administer chloroform in the recumbent posture with body perfectly horizontal and head on a low pillow, this pillow to be removed as the anæsthesia progresses.

4. Give chloroform on a thin towel folded in conical form with open apex so that the vapor, before inhalation, will be freely diluted with atmospheric air. In holding this cone over the face of the patient at some little distance from the nose, place the fingers under the borders of the cone for the double purpose of allowing air to enter freely, and also to prevent the chloroform liquid on the towel from coming in contact with the skin of the patient's face, and thereby avoid its blistering effect.

5. Should loud snoring occur force up the chin. This manipulation, by straightening the air passages from the nose to the larynx, makes easy breathing. The elevation of the chin is far better in every respect, easier of application, more quickly

done, and much more efficient than pulling out the tongue.

By always following these five simple rules I have had, so far, both safety and comfort in the administration of chloroform.

Possibly one very strong reason why I have been so successful in the administration of chloroform is, that as a specialist in eye surgery the inhaler must be removed from the nose before I commence the surgical manipulations. Besides, while operating I have constantly in view both the color of the face and the respiration of the patient, which I consider even more important for the surgeon to observe than to feel the pulse. When surgeons are operating on distant parts of the body and cannot watch the work of the administrator of chloroform, accidents are most apt to ensue.

In the inhalation of the bromide of ethyl all of these rules are not necessary and some of them cannot be followed out.

The recumbent posture I consider essential for the safe administration of any anæsthetic whether it be chloroform, ether or ethyl, hence these agents are not safe remedies at the hands of dentists, who place their patients in a sitting posture. Preparatory to the inhalation of the bromide of ethyl I have not found it necessary to give whiskey. The only precaution I take is to loose the neck clothing and have the patient lie down with the head only slightly elevated.

*My experiments have taught me that the mode of administering the ethyl should differ totally from that used in giving chloroform.*

Instead of a chloroform vapor freely diluted with atmospheric air, a saturated ethyl vapor must be inhaled, to the exclusion of atmospheric air, in order to obtain speedily and effectually narcosis.

In my early experiments with this new agent I was not aware of this fundamental principle, and hence did not obtain good results. I voted bromide of ethyl a failure, because I, with other experimenters, was too timid, or rather I should say too ignorant of its peculiarities, to push the ethyl vapor in this concentrated form. By my present method of administering it I

can obtain perfect ethylization in any patient in from twenty to sixty seconds, and have no after consequences of nausea or dulness of feeling.

The best inhaler for the giving of the bromide of ethyl is a thick towel folded into the form of a small cone with closed apex. Between one of the folds of the towel I place a sheet of paper, which makes the cone nearly air tight. The base of the cone must be wide enough to enclose both mouth and nose. The soft material of which the inhaler is made enables the rim to be kept firmly in contact with the face, so as to exclude air from entering. I always instruct the patient how to make long inspirations, and inform him that he must do this, notwithstanding the fact that he will feel somewhat stifled. I also assure him that a very few inspirations will put him to sleep. Usually I make him in advance go through the process of strong respiratory movements so that he will know exactly how to proceed. Into this towel cone I pour about one drachm of the bromide of ethyl and immediately invert the inhaler over the nose and mouth of the patient, holding its edge down firmly over the face. There is no fear of creating asphyxia, as all air can not be excluded, and the height of the cone makes a considerable air chamber into which the patient breathes.

Children struggle to escape from the apparatus. *The cone, however, must not be removed from the face for an instant until anesthesia is produced.* At first some will not breathe the vapor, but there is no fear that they will not catch their breath in time. Should children cry, it only insures inspiratory efforts, which the more surely and quickly will bring about the introduction of the vapor into the lungs. As a rule, a dozen full inspirations are all that are needed to produce deep narcosis. I recognize this desirable condition by a stoppage of all struggling, and I have had deep sleep brought on by the sixth inspiration. A complete relaxation ensues, with quiet breathing, and an absence of reflex irritation when the conjunctiva is touched. The patient retains the usual healthy color of lips and cheeks as if in ordinary sleep, and the pulse becomes slower and stronger as the narcosis becomes profound. Thirty seconds, as a rule, is sufficient to bring about this

desirable condition, and have the patient ready for operation.

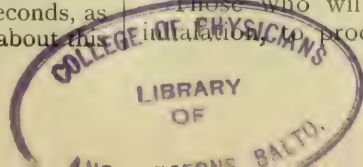
I have not found this anæsthetic sleep last more than two or three minutes, often not so long.

Usually the patients awake suddenly and as completely as they would do from ordinary sleep. They are able to get down from the operating table without assistance and walk off without staggering, and with brain clear to answer correctly any question; in fact, quite themselves.

It took me some time to acquire such confidence in the safety of the remedy, as to apply it in the concentrated form needful to obtain its fullest benefits. To the uninitiated it looks like cruel work to keep the cone of a saturated ethylized vapor over the face of a struggling patient. *I am convinced, however, that in no other way can quick, complete and safe anæsthesia be obtained by it.* Fortunately the struggling is very soon over, and sweet sleep speedily ensues.

My experience with the bromide of ethyl will now exceed 400 cases, of which 300 are within the past year. I am beginning to be familiar with its administration and its effects, and now know what to obtain by it, and what not to expect from it. I give it without hesitation, in any case, to avoid painful manipulation. I have used it as often as six times a day, and I now administer it, on an average, certainly once every day. In the last week I have given it fifteen times. For office use I find it invaluable, on account of its promptness, efficiency, evanescent nature of the anæsthesia induced, the absence of nausea, and the perfect comfort with which patients operated upon can leave my office within a few minutes after the ethylization. Its use in my every-day experience does not interfere with the routine of office practice, nor occupy more time than I give to an ordinary office consultation.

Those who will use it by a single inhalation, produce a short, deep





sleep and not resort to a mal-administration of this very valuable agent for a continued anæsthesia, which it is incapable of sustaining in safety and in comfort, will become as enthusiastic as I am over its brilliant results, and will consider it, as I do, the most perfect of anæsthetic agents for quick, painful surgical work. It can never take the place of chloroform or sulphuric ether where any heavy operations are to be done. These well-known and tried anæsthetics must continue in favor for all tedious operations, and will be used by those who manipulate slowly and who do not have prompt, quick assistants. But when one can take advantage of a primary anæsthesia from the first administration of the bromide of ethyl, and having made every preparation in advance, will manipulate quickly, the new anæsthetic leaves nothing to be desired. I will repeat, "can any thing be more brilliant in surgery than a successful operation for squint, where an ugly deformity of years standing is promptly, thoroughly, safely and surely removed in less than one minute of time—fifty-two seconds for ethylization and operation?" This is the nearest approach to magic in the art of surgery.

#### THE ANATOMICAL CHARACTER OF THE TUBERCLE.

BY W. T. COUNCILMAN, M. D., BALTO.

The proper understanding of the word tubercle, and its limitation to certain definite anatomical changes in organs, in association with a disease, belongs to this century. Up to the beginning of this century small nodules, whatever their nature might be, were spoken of as tubercles; this even extended to small carcinomatous nodules. Baillie, an Englishman, and Bayle, a Frenchman, were the first to call attention to the presence of transparent grey nodules, which were found especially in the lungs, but also in other organs; these they designated tubercles, and sought to limit the use of the word to these structures. Bayle,

as the result of his examination of the bodies of 900 consumptives, called especial attention to the fact that they were found principally in the lungs of people who had died of that disease; he supposed that he found in these nodules something that was characteristic of the disease, and since he held the view that pulmonary phthisis was not a local disease, but only the local expression of a general disease, he accounted for their presence by supposing that there was a tubercular diathesis. Afterwards he used the expression tubercle in speaking of changes in the phthisical lungs, which for the most part, had no similarity with these small grey nodules, but which, through the constancy of their occurrence and their size, seemed much more clearly to belong to pulmonary phthisis than the tubercle proper. Lænnec carried these views further, and under the sanction of his great name the term tubercle was used to denote pathological changes which had apparently nothing in common with the nodules first described by Baillie. For him, it was not the miliary nodules which are the most striking and which appear oftenest in phthisical lungs, but larger or smaller, pale yellowish, caseous nodules, and diffuse caseous infiltration. These larger nodules were brought in connection with the smaller because in the latter the middle usually appeared cloudy, necrobiotic, and where several of these came together, a caseous nodule could arise. Lænnec attached chief importance to the yellow caseous places. The grey miliary nodules he called tubercular granulations, but regarded the caseous masses as the true tubercle, and said they could appear either in the form of nodules or as diffuse infiltration. The caseous masses were specific structures, were "tubercular," and all processes were regarded by him as tubercular, in which caseous masses appeared.

The change of a purulent exudation into a caseous mass was spoken of as a tubercularizing of the exudation. Naturally the so-called scrofulous changes in the lymph glands came under this head and formed a chief group in the series of the tubercular processes. Scrofula and tuberculosis were for him identical; the first word applied more par-

ticularly to those conditions which tuberculosis caused in childhood. We shall see later how these views of the grand old master correspond with the latest and most generally accepted views on the subject.

These views of Lænnec were generally adopted, though they were opposed in France by such men as Andral, Cruveilhier, and others. They met with the greatest support from Rokitsansky, became, and indeed have ever been, a part of the teaching of the Vienna school. German patriotism literally covered Rokitsansky with the mantle of Lænnec, and lost sight of the greater light in the contemplation of their household lamp. It is not the tubercular infiltration of Lænnec that one hears spoken of there, but it all comes from Rokitsansky.

Virchow next appears as a most decided combatant of the views of Lænnec as to the identity of the caseous and tubercular processes, and in accordance with his views he divided the cases of pulmonary phthisis into two groups; first, those which were of a purely inflammatory nature, and second, those in which all the pathological changes were caused by a new formation, a neoplasm, the actual tubercle. Contrary to the views of Lænnec, he held that the caseous condition had nothing specific in character, was not due to a definite disease, but that every mass rich in cells, pus for example, as well as new formations of the most varied nature, could undergo necrobiosis and become caseous. The small grey peculiar structures which are composed of fresh tissues he regarded as miliary tubercles, and described the changes that could result from their formation, grouping and further change. The miliary tubercle was, as I have said, according to him, a new formation, a tumor, and his description of its structure is as follows: The miliary tubercle is a round, prominent, discrete nodule which does not reach the size of a millet seed. This nodule is non-vascular, and in consequence soon begins to undergo necrobiosis, this process taking place first in the middle and proceeding to the periphery; therefore it acquires a white, opaque centre, although in the perfectly fresh condition it was transparent. On

microscopic examination the middle is seen to be composed of fatty detritus. The grey periphery on the other hand, and in perfectly fresh tubercle also the centre, is composed of cells similar to the lymph corpuscles, lying in a fine reticulum. Amongst these cells are some that are much larger than the others and have several nuclei. The periphery of the whole nodule appears on microscopic examination, not to be so sharply separated from the neighboring tissue as at first sight seems, but it gradually loses itself in it, often making irregular projections, and shows the various transition stages of the development of the round cells from the growing connective tissue corpuscles.

Langhaus following Virchow described more particularly the structure of the giant cells, and considered them an integral part of the structure of the tubercle. He described their formation from aggregations of other cells; spoke also of the possibility of their origin in blood-vessels. According to him the tubercle did not always have the simple cellular structure that Virchow had described, but showed in a number of cases that these cells had gone on to the development of true fibrous tissue. Such tubercles as showed this change he designated as fibrous tubercules.

Wagner described as lymph-adenoma small nodular formations which he found especially on the pleura, but also in the lungs. He speaks of them as being similar to tubercles. They are composed of an adenoid tissue, in all respects similar to that of the lymphatic gland, in the meshes of which round lymphoid cells are contained. In the centre of each is a giant cell containing many nuclei, and connected by its processes with this reticulum. The nodules could either be single, or larger nodules could be formed by the coalescence of several smaller ones. Schüppel called especial attention to the presence of giant cells and a reticulum in the tubercle; he supposed that the giant cell represented the specific part of the structure, that its formation represented the first step toward the formation of the nodule. According to him they were formed in blood-vessels, and he figures the various steps in their for-



mation from a heap of granular detritus in the side of the vessel to the full-fledged giant cells.

Rindfleisch says the following in regard to the histological structure of tubercle: "The essential substance of the new formation has either only the character of a thick infiltration, with small cells, or it is a higher developed tissue coming nearer to the order of the connective tissues. One often finds either a lymph adenoid tissue structure which led Wagner to designate the tubercle as a lymph adenoma, where we find a relatively stiff fibrous network with broad nodal points and relatively narrow meshes in which are loosely contained a few lymph corpuscles, or we find in a very delicate meshwork large cells, which remind us most of epithelial cells. This last modification is more characteristic because it departs from the normal type through the peculiar shape of the cells. These are composed of a finely granular, strongly refracting, apparently very thick substance; they are sharply contoured and are about ten times as large as the ordinary lymph corpuscles. They possess one or two refracting nuclei. If we had to designate any one cell form with the name tubercle cell it must be this very one. These are generally found in the miliary tubercle of scrofulous individuals and remind us especially of those cell forms which I have described as the last stage of the scrofulous inflammatory infiltration. In rabbits and Guinea pigs the tubercle is most often made up of only small cells and has simply the structure of granulation tissue. In syphilitics we find most often the so-called indurated fibrous tubercle. This consists almost entirely of a tough fibrous connective tissue, which is arranged concentrically around the single centres. For all tubercles the want of blood vessels is characteristic." Rindfleisch also lays great weight on the presence of giant cells and says they represent certain landmarks which are always to be looked for in determining whether or not a given structure is tubercle. I have thought it best to

give this short account in order that you might see how many and various were the views held concerning the anatomical structure of tubercle, and they are all in part true. Only one thing is characteristic for the tubercle, and that is at a certain period of its life history it undergoes caseation.

The investigations of the last fifteen years, particularly those from Langhaus, Schüppel, Köster, Rindfleisch and Cohnheim, have shown that in many cases the tubercle possesses an especial structure, and that frequently certain cell forms repeat themselves and lend to the tubercle something of a characteristic appearance. Very ordinarily the centre contains giant cells; these possess many nuclei which are sometimes arranged along the sides or congregated at the poles. The other cells in part belong to the lymphatic elements, in part they are larger swollen cells, those described by Rindfleisch. The different forms of tubercle repeat themselves in the same body, and even in the same organs; it is nothing uncommon to find, for instance, in the pleura tubercle corresponding in all respects to the lymph-adenoma of Wagner, while we find in the lungs, in the liver or elsewhere, that they are composed only of small cells, and we are not able to recognize anything of a reticulum or giant cells. Again, the different parts of the body, the various tissues, seem to favor the one or the other varieties. In tubercular meningitis we find the tubercles arranged most beautifully along the fine blood vessels, and here they are composed solely of small cells. In the first development of the eruption in the omentum we see the same thing, nodular swellings along the blood-vessels. On the other hand, on the pleura they nearly always have the reticular structure. No diseased conditions of the body seem to have any influence in determining any special sort of structure. Rindfleisch supposed that in

scrofulous persons the large-celled reticular tubercle was most often seen, and in syphilitic the fibrous, but experience does not justify us in making any such conclusion. It may be that the tubercle is better nourished in the cases where it takes on fibrous change, and so the cells have time to go on to tissue-making as they do under other circumstances. From the very nature of the tubercle, from the fact that it has not always the same structure, from a pure anatomical standpoint, apart from the now proven fact that it has an infectious origin, we are warranted in regarding it not as a true neoplasm, as Virchow did, but as an inflammatory product. This view is the one that is generally being accepted. Ziegler, in his *Pathological Anatomy*, which has just appeared, so regards it, and the articles on the subject that have appeared lately take a similar view. With regard to the histogenesis of the tubercle, the origin of the cellular elements composing it, opinions differ. Virchow, as we have seen, said that they were derived from the fixed connective tissue corpuscles and in his drawing represents the various changes from these to the regular lymphoid cells. The giant cells have been described as originating from all possible tissue. Virchow supposed that sometimes they arose from the blood-vessels, and this view has been adopted by most authors. Langhaus supposed that they represented simply cell aggregations that had become fused together. Woodward, of Washington, says that they are cross sections of lymph vessels that have been occluded with cells. Arnold and other authors hold that in glandular structures they represent cross sections of ducts filled with epithelial cells. There are often found in tubercles in the glands, structures which may arise in this way, but they are wholly different from the giant cell with its many nuclei and irregular processes. Ziegler is the only author

who has studied the matter experimentally. He cemented together cover slips in such a manner that they were separated from one another by only a very small interval and then introduced them in various places in the body under the skin, in the peritoneum, etc. After a considerable lapse of time he took them out and examined them. In many cases he found the most typical giant cells, proving almost conclusively that they must have come from the white blood corpuscles. With regard to the other cells, we have good grounds for assuming that they have a similar origin. The liver offers us the best place to study the development of tubercle. The most exquisite miliary tubercles are found here in almost all cases of tuberculosis, and in such numbers that we can in one section get them in all stages of development.

Here the first that we can see pointing to a development of tubercle is a circumscribed collection of lymph cells in and around the capillaries. Then the collection becomes larger, some soon undergo caseation, and from others the giant cells are formed. It would be impossible to study the matter under the microscope, as has been done in the case of suppuration; but finding the same cells here as in pus, the inference is that they have the same origin. In all tissues their favorite seat seems to be the blood-vessels. When one investigates many phthisical lungs, in numbers of cases they will be found either in the lumen or outside of the small arteries and veins. In the meninges this is always their seat, and in many other organs we can see the same thing. So much for the miliary tubercle. Let us now see how the matter stands with Lænnec's tubercle.

Nearly everyone, on seeing the autopsy of a case of acute miliary tuberculosis and of an ordinary case of phthisis, would arrive at the conclusion that the lesions in each case



were due to a different process. In the one we have the lungs, pleuræ and indeed generally all the organs of the body studded with minute points, so small that in some cases it is difficult to see them at all, and on serous surfaces, as the pleura, they can better be felt than seen. In the other we have large masses of greyish white color, usually with black streaks in them, and of a soft, cheesy consistency, so that one can readily squeeze them between the fingers, while the miliary tubercle feels more like a grain of sand. In the testicle and epididymis we also find just such masses, and they are also not uncommon in the kidney. In the brain we find them also, though here they are always rather harder than elsewhere. Now these masses can arise in two ways. When we investigate them histologically, we frequently find that the single large nodule is composed of a large number of smaller ones. The miliary tubercles have a tendency to form in groups of two or three. Then new ones are formed at the periphery; by the continued cellular proliferation, the blood-vessels between the single tubercles are compressed, and thus in the same way as the centre of the tubercle is cut off from its blood-supply, and undergoes caseation, just so are all the tubercles in the centre of the nodule cut off from their blood supply and they undergo with the tissue between them complete caseation. In this way they grow, circumscribed areas of inflammation forming peripherally, and caseation of the mass advancing from the centre.

Sometimes when the nodule reaches a certain size the new formation of nodules ceases and the area of cellular infiltration is converted into a capsule of connective tissue. When we now make sections through the whole nodule and stain them, we can see that it is composed of areas that do not stain at all, separated by bands of material that stain slightly. The areas repre-

sent the single cellular tubercles and the bands the tissue, that lay between them, and which was in part at least formed connective tissue. We see that the process is practically the same as in the formation of the miliary tubercle, advancing inflammation and central caseation.

Let us look now more particularly at the process as we find it in the lungs; here it is the exception for the large nodules to be formed in this way. We do see nodules the size of a cherry stone scattered through the lungs which are formed by conglomeration of single miliary tubercles, but the larger nodules have another mode of formation. We can best understand it by glancing at the development of the miliary nodules here. They usually develop around the blood vessels in the septa between the air vesicles. In all cases there is a cellular exudation in the vesicles around them; this forms part of the tubercular process. We cannot speak of it as the accompanying inflammation that is caused by the presence of the tubercle. *It is a part of the tubercle.* Sometimes the cells may undergo a fibrous change before the caseation destroys them, sometimes something of a reticulum is formed.

Now let us see what takes place in the formation of the large nodules. Here we have the same process, only with the difference that the nodule is larger, it don't advance in size by continually taking in and appropriating small tracts of tissue, but it is a general advance along the whole line. We find the same process usually in the testicle, frequently in the kidney, while in other parts, as I have said, the process goes on differently. What have we here? Why, the tubercular infiltration of Lænnec—infiltration and caseation. The process is the same, whether the nodules are so small as to be invisible to the naked eye, or as large as a fist.

The history of the tubercle is usually

completed when caseation takes place. It is then dead, usually softens and breaks down; still in other cases it may have a dense connective tissue capsule formed around it, and the contents be calcified.

I should have mentioned before that there is another and exceedingly rare form of tubercle which seems only to occur in a miliary form; in this the tissue seems to undergo a hyaline degeneration, and we find the cells lying in a perfectly homogeneous structureless mass, and showing very little tendency towards caseation. This hyaline substance seems to be closely allied to the amyloid, though it does not show the reactions towards the aniline stainings that the latter does. It is extremely rare. An especial form of tubercle is met with in some animals, in cattle most frequently, and then in horses and hogs. This is the so-called pearly disease which is characterised by the appearance principally on the serous surfaces, but also in the lungs and parenchymatous organs, of hard, dense, and in many cases calcified nodules. These nodules have been the occasion of much dispute. Virchow was the first to call attention to the similarity of their structure with that of the tubercle, and this view is the one which is now most generally accepted. They only differ from our tubercles in being much more fibrous.

Still, we occasionally meet with tubercles on the serous surfaces of man which correspond with them in all respects. I was enabled to show Prof. Chokar, prof. of patho-anatomie in the Thierinstitut, in Vienna, such nodules which he declared not to be tubercle but pearls. They undergo caseation just as our tubercles do, in the lungs lead to the formation of cavities and in fact produce phthisis. Their tendency to calcification is due to the nature of the animals in which they occur. All inflammations and even new formations have the greatest tendency to become calcified in cattle.

Let us see now what definition we can give for a tubercle. We can say the tubercle is a focus of inflammation which appears either in the form of circumscribed nodules or as a diffuse infiltration of tissue; the cells comprising it can under circumstance undergo a further change—one leading to the development of connective tissue—but still in the end all undergoes complete caseation.

### CLINICAL LECTURE.

#### STONE IN THE BLADDER— LATERAL LITHOTOMY.—FI- BROID TUMOR OF TESTICLE —EXTIRPATION.—DERMOID TUMOR OF EYEBROW— REMOVAL.

BY L. MC LANE TIFFANY, M. D.,

Professor of Surgery, University of Maryland.

(*Delivered in the Clinical Amphitheatre of the  
University Hospital, Oct. 23, 1882.*)

#### STONE IN THE BLADDER.

*Gentlemen:—*

The first patient whom I shall bring before you to-day suffers from that not uncommon trouble, stone in the bladder. He is ten years old, lives in the country, is well nourished and has had symptoms referable to the bladder for at least six years. These symptoms are frequency in passing water, sudden arrest of the flow of water, urination in a certain attitude only, with an occasional flow of blood, much pulling at the prepuce and glans, and withal there is great pain, increased by exercise. It is worth while to go over these symptoms in detail and translate them:

Frequency in passing water is present in almost all bladder troubles, and in many cases when the kidneys are at fault. Roughly it may be considered as an index of irritation of the urinary organs from one cause or another, but when the sufferer, as in this case, pulls at the glans penis, we may be quite certain that the irritation is in the bladder, and by reflex action pain is experienced in the neighborhood of the prepuce. Handling the penis is the first peculiarity



noticed in young children with stone and the manner in which it is done is characteristic, occurring, so far as I am aware, in no other affection; as the last urine is being passed the child grasps the end of the penis, squeezes it strongly and drags it downwards, gradually relaxing his hold after a few minutes to repeat the manœuvre with the next act of micturition. This continuous pulling often causes the prepuce to extend quite an inch or so beyond the penis. It is of course evident that as the bladder is emptied its walls rest upon the stone and grasp it, thus explaining pain with the last drops of urine. For the same reason, when blood is passed by a calculous patient, it is with the last drops of water, at the time when the bladder walls, grasping the stone, are lacerated by its uneven surface, and some capillaries suffer rupture. The sudden arrest of the flow of water is due to the falling of the stone upon the inner end of the urethra, which it closes after the fashion of a ball-valve; this is always accompanied by pain, and the little sufferer will lie down and roll about so as to enable the urine again to flow, a method taught by experience. It is scarcely necessary to point out to you that the stone is displaced by the patient's change of position. Occasionally the patient will assume some particular attitude when urinating, such as stooping, on the side, or on hands and knees; whatever be the position taken, it is one which will hold the stone at a lower level than the posterior opening of the urethra, thus lessening as much as possible the likelihood of the stone being forced against the urethra and so stopping the flow of water. It is well always to inquire about this characteristic position, for it may indicate to the surgeon what portion of the bladder is usually occupied by the stone. The patient before us has one more symptom extremely well marked. He walks slowly on his toes, bringing his heels down gently, and when told to run he refuses; in other words he will not shake himself for that will cause the stone to roll about in the bladder irritating and wounding its walls.

Notwithstanding the apparently complete history of calculus, one more thing

remains to be done that the diagnosis shall be positive, and that is to touch the stone with a sound and this; the child being etherized, I now do. The finger being passed into the rectum can appreciate also its size. The surface to the sound is rough and does not give a clear, sharp ring when struck, so the stone is probably phosphatic. You should never omit to examine, before operating, by the rectum, and for two reasons: first, that you may appreciate the size, number, etc., of the calculi; second, that you may be assured the bowel is empty, and thus have more room for the use of the knife.

This boy has been in hospital for a few days under preparatory treatment and I urge upon you the necessity of always keeping a stone patient under your immediate observation for a short time before instituting any serious operative measures. A surgical procedure not only means the actual operation but includes the recovery of the patient, and this latter is the more speedy as the general health is good. A few days of careful diet and regulated bowels render convalescence more rapid and less liable to complications. Suppose for a moment that the colon of this boy contained hard masses of feces (*scybalæ*); within twenty-four or forty-eight hours after the operation they might be passed by the rectum and would cause great suffering. Again, also, he is from a malarious district, and last spring he suffered from ague. Now we know that operations upon the urethra are apt to be followed by rigors, and if in a malarious subject all the more so; therefore, this patient has been taking full doses of quinine for several days.

The urine should always be examined, for the state of the kidneys may seriously modify the result of an operation, and especially is this true of operations upon the urinary apparatus, not so much in the young subject but in the old and middle aged.

I propose to remove the stone by the usual operation, the lateral, using the rectangular staff and knife. I am not aware that this staff offers any advantages over the ordinary curved one of Fergusson or the straight one of Key, but being familiar with, and accustomed to it, and having had good results from

its use the necessity for a change is not apparent. The shape of the knife used is also a matter of small importance. I would have you dismiss from your minds the idea that in surgery you must adhere to any hard and fast rule of operating or any special set of instruments. Any instrument in competent hands will accomplish results which the most perfect instrument in unskilled hands cannot even imitate. The carpenter is known by his chips not by the shape of his tools. The brain and the hand, not the knife and the staff, make the successful lithotomist.

(The stone was then removed through the usual lateral incision).

You will observe that the stone broke under the grasp of the forceps; so after extracting the larger fragments I have thoroughly washed out the bladder, through the incision, with a Davidson's syringe, using hot water not only to bring away the small pieces and dust, but also to arrest bleeding. It is my habit after lithotomy always to irrigate the bladder and wound with hot water whether the stone have broken or not, since hot water checks oozing and diminishes the chances of blood-clots remaining in the bladder where their presence is liable to produce spasm. You will observe, also, that I leave a tube in the bladder projecting an inch or so from the wound; this will remain for twelve hours only. The object aimed at by its use is that bloody oozing from the sides of the cut shall escape externally rather than into the bladder. After treatment is conducted on general principles; the bowels will remain quiet, thanks to a dose or two of opium, and urine will flow freely from the wound and be received on a folded cloth which is changed frequently, thus avoiding the smell of stale urine that otherwise would be present. The diet will consist of easily digested food and quinine will be continued a day or two. Occasionally the buttock below the wound becomes excoriated from the continuous trickling of urine; it is well, therefore, to tan the skin with a saturated solution of tannic acid in glycerine applied several times daily, and even to begin the use of this solution a couple of days before operation.

(This patient has recovered and returned home).

#### FIBROID TUMOR OF TESTICLE.

This man, aged 42, well made, strong and apparently healthy, applied at my clinic last summer with swelling of the right side of the scrotum. Fluctuation was apparent, and deep pressure disclosed a hard mass. He had clearly a hydrocele and a diseased testicle. The hydrocele having been tapped there came into view a tumor of hard consistence about the size of a walnut situated upon the upper end of the right testicle. He declined treatment. He returns now, three months later, and I find on examination that no hydrocele exists, that the tumor has increased somewhat in size, is smooth, elastic, very hard, painless on pressure, and is inconvenient only from its size and situation. What kind of growth is it?

In attempting to diagnosticate tumors in and of the scrotum, it is well to recognize, first of all, as a preliminary step, the tissue from which the tumor grows. So in the present instance affections of the skin and dartos are excluded without difficulty; absence of fluctuation and of transparency, together with the shape of the tumor and its connection with the upper end of the testicle, exclude hydrocele of the tunica vaginalis. The spermatic cord is not enlarged nor does it appear to be incorporated in the growth. So we are reduced to the conclusion that the testicle is the seat of trouble. The growth was first noticed nearly three years since, has grown slowly without pain or symptoms of inflammation, and was during a short period accompanied by effusion of water into the sac of the tunica vaginalis, which effusion after tapping did not re-accumulate. This behavior on the part of the serous sack gives a clue to the site of the growth, for it indicates a commencement underneath the serous membrane which became expanded over the tumor and irritated, and as a result poured out an excess of fluid; subsequently, however, even although the tumor continued to grow the irritation passed away and the hydrocele being evacuated, was not reproduced.



The first question to be considered is that of malignancy; now a rapidly growing solid tumor of the testicle without inflammation is cancer, using this term in its clinical sense, but a tumor which, after three years, is one inch in diameter, can scarcely be called of rapid growth; so cancer is to be excluded.

Of simple tumors the fibroid is the only one yielding to the fingers the "feel" of this one; bone is too hard, as is cartilage also and were it not that fibrous tumor is the rarest of all testicular growths the diagnosis would be without question. The microscope will, however, very shortly tell us if the growth is pure fibroid or not.

In removing the testicle you see I make a long incision from the external ring over the tumor to its posterior aspect, and reflect the scrotum leaving the growth attached to the body by the spermatic cord. This cord is then divided transversely by successive strokes of the knife, the vessels being tied as they bleed; in this case three arteries require ligatures, usually two only. Observe that the cord retracts into the canal at once but that I leave some connective tissue undivided for a few minutes so that if bleeding occur the cord can be pulled down and a ligature applied. The advantage gained by individual ligation of vessels rather than by tying the whole cord at once is that equal safety is obtained from hæmorrhage while nerves are not compressed, a procedure to be avoided always; also the strings separate rapidly. Be most careful to divide the remaining connective tissue only when it is certain that bleeding is arrested; should there be any doubt in this regard a pin can be put through the cord, thus holding it in the upper angle of the wound for as long a time as the operator may see fit. The edges of the wound will be held together by a wire suture or two, powdered lightly with iodoform, a drainage tube brought out at the lowest angle and the whole enveloped in absorbent cotton, continuous pressure being made by a suitable bandage.

#### DERMOID TUMOR OF EYEBROW.

This girl, aged 14, desires to have removed from her face the small lump

situated beneath the outer end of the eyebrow. It has existed since birth, has caused no pain, has grown only during the past year, and during that time but little; she is reaching an age when her personal appearance concerns her, and so the tumor is doomed. The growth is about half an inch in diameter, smooth, elastic, round and semi-fluctuating; it rests on the skull while the skin plays freely over it, as does the orbicular muscle of the eyelids. The diagnosis is simple; a congenital cyst situated near the locality named is dermoid.

The cystic nature of the growth is evident on manipulation, but the dermoid character is decided by the locality occupied.

The foundation for a Dermoid tumor is, as you know, formed during intra-uterine life by the malposition of certain elements. During the growth of the fetal germ it is differentiated into layers, each one of which makes organs and tissues peculiar to itself; if then, during the growth of the egg, a portion of a layer becomes misplaced, it will continue to develop and will form its proper tissue, but in a wrong and unusual place. Now you will understand that the outer layer of the ovum is most apt to be caught and held out of position at those parts where its edges are continuous with a deeper layer, and we find during early intra-uterine life that there are certain openings about the head and throat of the fetus where an involution of the outer layer takes place. These openings are called branchial fissures. The principal one of these exists at the level of the eyebrow, its outer half; if then, a bit of the outer layer is caught and held, it will go on to form its proper tissue, which is skin, with usual appendages, teeth, hair, sebaceous glands, situated not upon the surface, but more or less deeply within the body.

A Dermoid cyst will have its sac of involuted skin with hairs upon its inner surface, together with sebaceous glands, and perhaps other skin products. Finding then a tumor present from birth, situated where a branchial fissure existed and cystic in character, I have no difficulty in arriving at a diagnosis. Occasionally these growths are adherent to the cranium or rest in a depression of

bone. Dermoid tumors have one peculiarity, that they are apt to increase about the age of puberty; my patient, you will remember, noticed that her tumor has become larger during the past year.

Other points of practical interest are that Dermoid cysts about the head very rarely, if ever, occur in the middle line, or in the line of a suture. Protrusions of a portion of the brain (encephalocele) occur usually in the middle line or over the line of a suture. A tendency to swell and become tense during an effort, as well as to pulsate, is observed in protrusions from within the head. These characteristics are wanting in Dermoid cysts. (The cyst was then removed and being cut open, showed hair, etc.)

## SOCIETY REPORTS.

### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DEC. 2, 1882.

(Specially reported for Md. Med. Journal).

The Society was called to order in accordance with the constitution, both President and Vice-President being absent, by the Cor. Secretary, Dr. Winslow. Dr. James A. Steuart was elected Chairman *pro tempore*. Drs. A. Friedenwald, H. M. Simmons and H. B. Fay were elected members.

FOREARM NEARLY SEVERED FROM THE BODY BY A SAW—GOOD RECOVERY.

—Dr. Coskery reported a young white boy who got his right forearm nearly sawed off Aug. 16, 1882, by a circular saw. He entered hospital with only a portion of the muscles of the forearm and the larger vessels uncut. The limb was first placed at rest upon a pillow; then it was suspended from a wire splint and swung away from the bed. The cut commenced near the outer condyle of the humerus and extended obliquely down the forearm. There was no sloughing. The patient left hospital exactly

three months after the injury. He has now paresis of flexor muscles of the forearm, has very little power in the hand and can only slightly close his fist. This condition has been treated by massage and interrupted current. There are sores on the little, ring and adjoining fingers, supposed to be due to trophic changes. The ulnar nerve was cut completely across; the radial was uninjured.

SUCCESSFUL RESECTION OF THE HEAD OF THE HUMERUS FOR CARIES.

—Dr. R. Winslow exhibited a patient upon whom he had performed excision of the head of the humerus, June 16, 1882. The patient, a negro man, had suffered for about ten months previous to that time from a rheumatic affection of the joint. He had received various treatment for this but got no better; his health became much impaired, he was emaciated and hectic. Under these circumstances he applied at the University Dispensary and was admitted into the hospital for operation. Caries of the head of the humerus was found and excision was decided on. Sub-periosteal excision was practiced as far as possible. Much osteophytic deposit was found about the joint, and the glenoid cavity was filled up with granulations. He is now able to attend to his business and his health is restored. The large sinuses which existed at the posterior part of the arm and in the axilla have closed. A little serous or sero-purulent fluid still escapes from the incision, however. As for the motion in the limb: He has a fair amount of abduction, being able to carry the limb eight or nine inches away from the body. He can't advance the limb forward, beyond the body, but can carry it backward considerably. No special treatment has been followed since he left hospital.

REFLEX PARALYSIS CURED BY CIRCUMCISION.—Dr. W. B. Canfield reported his case, published in Dec. 15th number.

Dr. Miles had never seen paralysis as the result of phimosis and adherent prepuce. Hammond, Spitzka and Seguin had had similar experience. Had seen hysteria in boys, which would have been doubtless relieved by circumcision, or by anything else which would produce a sudden impression. Opinions differ as to what paralysis is.



BALTIMORE ACADEMY OF  
MEDICINE.

STATED MEETING HELD NOV. 21, 1882.

*(Specially reported for Maryland Med. Journ.).*

The society was called to order by the President, Dr. James Carey Thomas. Dr. C. G. W. Macgill, of Catonsville, was nominated for membership and Dr. J. G. Linthicum elected a member.

**SPECIMEN OF POLYPUS REMOVED FROM BODY OF UTERUS.**—*Dr. H. P. C. Wilson* exhibited a specimen of a tumor removed from a uterus this afternoon. The patient was a lady, aged 50, from Virginia, who had a virgin hymen, complete and very dense. She commenced having hemorrhages at the age of 38, and has had them off and on, ever since, sometimes profuse, sometimes amounting only to slight draining away.

Previous to yesterday this patient had intermittent pains resembling labor pains, for which anodynes were given freely. On yesterday Dr. Wilson introduced three small tents, packing the os uteri tightly with them and tamponing the vagina to prevent their escape. These produced such dilatation after twenty-four hours that to-day a mass could be felt projecting from the cervix, which was believed to be a polypus. A tumor was also felt on the left side, which seemed to be submucous or intramural. The uterine cavity was five inches in depth. One ounce of whiskey was given and the patient brought under the influence of chloroform. The hymen was divided with scissors and the uterus drawn down. A volsellum forceps was then passed up into the uterus and the polypus drawn down. A saw scoop was next passed into the cavity (pressure being applied over the abdomen) and the growth clipped away, as much of it as could be reached. There was little hemorrhage. By pulling and sawing, again and again, the growth was finally re-

moved, and its absence was made certain by digital examination. The interior of the uterus was now syringed out with a ten p. c. sol. of glycerine and carbolic acid until the fluid came away clear, after which it was mopped out with carbolic acid and Monsel's solution. The appearance of this patient this afternoon is bad and fears of septicæmia are entertained. Before operation she was very anæmic and had a dicrotic pulse. Dr. Wilson laid stress upon the importance of giving whiskey as a preliminary to chloroform anæsthesia.

*Dr. Chisolm* has had 12,000 cases of chloroform anæsthesia without any mishap. In reply to Dr. Browne, said he did not employ Squibb's chloroform exclusively, but employs generally that made by Powers and Weightman. It should be kept in the dark.

*Dr. I. E. Atkinson* said he was comparatively inexperienced in the administration of chloroform, but he reads continually in the medical journals of deaths from it or of cases of suspended respiration approaching very near to death. Anæsthetics are not always in the hands of skilful operators. He regarded ether as the safest anæsthetic.

*Dr. Wilson* uses only Squibb's preparation. In cases of threatened asphyxia it is of the utmost importance not to become flurried, and to insist upon holding the head down long enough to let the patient recover. He also administered whiskey freely hypodermatically.

*Dr. Miles* said that the chloroform in Dr. McGuire's case of fatal asphyxia seemed to act as a stimulant to the vagus, stopping the action of the heart; this would suggest the propriety of giving a small dose of atropia with the chloroform to paralyse the inhibitory filaments of the pneumogastric.

*Dr. Chisolm* said anybody gives the agent with him. The whiskey always precedes. Has never given a hypodermatic of whiskey in chloroform.

anæsthesia, preferring to have the whiskey in the stomach beforehand ready for use, rather than to have to inject it after the dangerous symptoms have made their appearance. His patients are sometimes thoroughly intoxicated before the operation is begun. It is a noticeable feature that no stimulus was given beforehand in any of the fatal cases reported—Kinloch's, McGuire's, the Baltimore gynecologist's, etc. The average quantity of whiskey which he gives is  $\frac{3}{4}$ i, but sometimes  $\frac{3}{4}$ ij are given. It is given five to twenty-five minutes before commencing the chloroform.

S'ENRHUMER.—This was the title of a paper read by *Dr. W. Chew Van Bibber*, with whom the pathology of taking cold essentially consists in blood stasis.

AMENDMENTS TO CONSTITUTION.—The amendments to the constitution, proposed by *Dr. Chisolm*, were then taken up and adopted. In accordance with this action the annual meeting of the Academy will hereafter be the third Tuesday in October, and the writing of an acceptable thesis by a candidate for membership will be considered the equivalent of a ten years' experience in practice.

STATED MEETING HELD DEC. 5, 1882.

Vice-President, *Dr. Jas. A. Steuart*, in the Chair and twenty-six gentlemen in attendance. *Dr. C. G. W. Macgill* was elected to membership.

FORTY INCHES OF BOWEL PASSED PER RECTUM, WITH RECOVERY.—*Dr. Christopher Johnston* exhibited a specimen of *forty inches of intestine* passed by a lady in Charles County, Md., per rectum. The patient was 32 years of age, married, and had one child about 4 years old; her health had always been delicate, and she had been subject to indigestion, constipation and colic pains. The attack during which the present specimen was passed began with acute epigastric

pain, at first supposed to be due to cramp colic. There had been no action from the bowels for six or seven days, and a circumscribed hardness could be easily felt through the abdominal parietes. After three days, stercoraceous vomiting set in and continued three or four days; it was accompanied by some relief. At the end of the three or four days the sphacelated bowel, together with some of the omentum, was passed, followed by loose operations. Part of the specimen retained its tubular shape and contained feces; another part passed mixed with feces. The prostration during the attack was very great and death seemed imminent. She began to improve slowly and to regain her appetite after the discharge of the bowel, but had still occasional pains in the bowels, especially in connection with her evacuations. Six weeks after the attack she was able to sit up a little, and though still feeble was cheerful and expressed herself as feeling very well. The treatment pursued was cathartics, enemata, inflation, anodynes, etc. The notes of the case, as well as the specimen, were sent to Prof. Johnston by *Dr. Wm. N. Saunders*, of Charles County, under whose care it occurred. The specimen was supposed to be a portion of the ileum.

*Dr. J.* had found the following cases of this accident reported: *Pollock (Holmes' Syst. of Surg., vol. iv., p. 165)* relates the case of a boy, æt. 5, sick four months, who passed eight inches of the ileum, the cæcum with appendix vermiformis, and four inches of colon; also of a youth, æt. 18, sick twenty days, who is said to have passed many portions of intestine with "skins." *Gross (Syst. of Surgery, sixth ed., v. 2, p. 623)* mentions a case of the late Prof. John Dawson, of Columbus, Ohio, a child æt. 6, who passed twenty-nine inches of colon. *Dr. Van Buren* saw five feet passed and *Dr. Peaslee* the same. In thirty-



five cases analysed by Dr. W. Thompson, the invaginated portion (intestine with mesentery) varied from six inches to three feet; of the thirty-five, twenty-two involved the small intestine alone, thirteen the large or large and small together. The average duration was four or five weeks. All of the cases referred to recovered.

**CORROSIVE SUBLIMATE IN DIPHTHERIA.**—*Dr. R. McSherry* reported the loss of a case so treated— $\frac{3}{4}$  gr. doses every two hours with alcoholic stimulants and feeding—but the administration of the remedy was very irregular and the circumstances were otherwise all unfavorable. In another child whose larynx and trachea became affected and who was expected to die, recovery ensued under the use of the sublimate combined with iron and a blister to the breast. This patient had been previously efficiently treated with iron, quinine and chlorate of potash. Had seen several other cases apparently near dying, where the children got well under this treatment.

**CLAIMS OF THE MEDICAL PROFESSION IN DETERMINING THE MEDICAL APPOINTMENTS OF CITY AND STATE.**—*Dr. Christopher Johnston* addressed the Society briefly upon this subject.

**BROMIDE OF ETHYL ANÆSTHESIA.**—*Dr. Chisolm* read a paper upon this subject, which is published in full in the present number.

*Dr. Chew* asked whether, in Dr. Chisolm's opinion, chloroform would be eligible as an anæsthetic in cases where aortic disease or mitral insufficiency existed without compensatory hypertrophy.

*Dr. Chisolm* replied that he had no fear of it and never stopped for anything, and that it was just those cases where there was danger of syncope, in which he had always contended chloroform was most useful.

Of the two fatal cases from the use of bromide of ethyl, the New York case was one of bromine poisoning, the patient being kept under its influ-

ence three hours and  $\frac{3}{4}$  being administered. In regard to the second, *Dr. Chisolm* read from a letter received from *Dr. Levis* of Philadelphia, in which the latter stated that in the case that occurred in his hands the patient appeared to have been suffocated from the rupture of an abscess, and filling of the trachea with pus. Furthermore the patient was too debilitated for an anæsthetic. *Dr. L.* added that he knew of no other death, and that in neither of the above cases could the fatal result be attributed to a proper use of the agent.

*Dr. Miles* said there was much truth in the remarks which had been made, and that it was a matter of common observation that under chloroform a weak and unsteady pulse becomes regular and strong.

*Dr. Wilson* had never seen a patient who could not take it, and had never had to desist from its use. He believes patients die from a want of it.

**CANCER OF THE INTESTINES.**—*Dr. I. E. Atkinson* read a paper upon this subject.

## OBSTETRICAL AND GYNECOLOGICAL SECTION, MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

STATED MONTHLY MEETING HELD NOV. 24TH, 1882.

(Specially reported for the Maryland Med. Journ.)

The Section was called to order at 8.45 P. M., *Dr. William T. Howard*, Chairman, in the Chair, and *Drs. Wilson, Browne, Morris, Friedenwald, Green, Cordell, Winsey* and others present.

**FATAL CHLOROFORM ASPHYXIA.**—*The Chairman* reported the following case: A woman with a very large vesico-vaginal fistula was referred to him for operation. In order to make an examination of the parts, the assistant Resident Physician at the University Hospital, *Dr. Mitchell*, was requested to administer chloroform.

Junker's apparatus was employed, one which Spencer Wells has used in 1500 cases. This apparatus is of such construction that the part for the face cannot be well adjusted, and at each compression of the bulb a certain amount of air must be pumped in. Seven drachms of chloroform were put into the instrument as is done in London. When about two-thirds of one drachm (as estimated) had been used, Dr. Howard noticed that her breathing was bad; he ran to her immediately and found that her heart had ceased to beat. The head was at once lowered and the heels held up, the tongue was pulled forward, whiskey was administered by the rectum and hypodermatically, the galvanic battery was applied, artificial respiration was kept up with normal frequency for one hour, ammonia was freely applied, and finally nitrite of amyl was resorted to; but the patient was absolutely dead and never breathed again.

The post-mortem was made by Dr. Councilman who reported that the heart and lungs were healthy. Evidences of disease were found in the left kidney which contained the remains of three old abscesses; the left ureter also was filled with mucopurulent matter. The right kidney appeared healthy. There was venous engorgement in the entire systemic circulation and the blood was dark and fluid. The heart was distended with fluid blood and its walls were flaccid. Death was most probably instantaneous and from paralysis of the heart.

Chloroform had been given to this patient three times before without any unpleasant symptoms. Squibb's chloroform was used and the gentleman superintending its administration had given it hundreds of times and was as competent as any one. In all prolonged operations Dr. Howard had for many years always used ether.

According to statistics given in

Gross' surgery, of 117,078 cases of chloroform anæsthesia, 43 died, or 1 in 2,723 cases; of 98,815 cases in which ether was given, 4 died, or 1 in 23,204; a mixture of the two was given in 11,176 cases, with 2 deaths, or 1 in 5,588. Up to 1872 the bichloride of methylene had been given 700 times, with "only a few deaths."

*Dr. Browne* had witnessed the administration of the anæsthetic in the above case and was struck with the small quantity used. The means of measurement, which were exceedingly accurate, showed that of the  $\text{℥vii}$  of the agent introduced into the apparatus,  $\text{℥viss}$  still remained in the bottle fifteen to twenty minutes after the accident. Allowing for a certain quantity lost in the sponge and tube, less than  $\text{℥ss}$  was inhaled. The patient previous to the administration was quiet and composed, not the least frightened; nor during the inhalation was there any convulsion or struggling.

*Dr. Wilson* said that if deaths due to morphia were reported there would be more than from chloroform. The anæsthesia from ether is exceedingly unsatisfactory and hard to maintain; the patient is continually coming to consciousness. The last time he had employed it, he was  $1\frac{1}{2}$  hours trying to get a girl under its influence; chloroform being then substituted prompt anæsthesia was produced. He had not used it since except in some cases of great weakness. Had only used it altogether a few times.

*Dr. Friedenwald* had never seen a case die during the administration of chloroform but had seen several in a very threatening state; in some the heart ceased to beat, and in one restoration was difficult. By the apparatus invented by Drs. Rohé and Leonard of this city, the difficulties connected with the use of ether seem to be removed. Has often seen patients put under its influence by this means within three to four minutes, and had seen no failure from it.



Breathing through the bag without the anæsthetic is not oppressive.

*Dr. Morris* recommended the combination of chloroform and ether. The union in this case is not simply mechanical but chemical, as proven by the disengagement of heat. In one of the late *Dr. Atlee's* operations (he employed the mixture) the use of  $\frac{3}{4}$ vi produced anæsthesia lasting twenty to thirty minutes.

*Dr. Howard* said the apparatus mentioned by *Dr. Friedenwald* had been used at the University Hospital from its invention. He objected to it because the patient could not possibly get more air than was contained in the bag. He expected in future to use an apparatus lately introduced by *Sims*. This excludes nearly all the air and has the advantage of being very cheap.

Ether requires a longer time to produce anæsthesia than chloroform, and the unconsciousness is not so deep until the inhalation has been continued for a long time. Had seen it entirely fail, necessitating the use of chloroform. According to his observation it requires more chloroform to anæsthetize the genital organs than other parts.

He mentioned a case seen with *Dr. Houck*, due to the dislodgment of false teeth, in which heart and respiration ceased and life was not restored until  $1\frac{1}{2}$  hours had elapsed.

Always uses ether in ovariectomy. Thought the mixture recommended by *Dr. Morris* unsafe because the ether is much more volatile and the danger of giving the chloroform vapor in too great condensation is very great.

*DR. MORISON*, of Baltimore, who has been studying dermatology and syphilis for a long time in Vienna, with Profs. Neumann and Kaposi, is announced for a paper before the next meeting of the Society of Physicians of Vienna, embodying his recent researches upon the bacteria of syphilis.  
—*Vienna Cor. Med. News*, Dec. 16.

## REVIEWS, BOOKS & PAMPHLETS.

*The Diseases of the Rectum, Including Fistula, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus, etc., with Diagnosis and Treatment.* By WILLIAM ALLINGHAM, M. D., F. R. C. S., Surgeon to St. Mark's Hospital for Fistula and other Diseases of the Rectum, etc. Fourth Revised and Enlarged Edition. Philadelphia: P. Blakiston, Son & Co. 1882.

Allingham's *Diseases of the Rectum* is accepted everywhere as an authority. It has been long enough before the profession to be well weighed in the balance and has not been found wanting.

The necessity for an examination, ocular as well as digital, is insisted on, that a correct diagnosis may precede treatment, and directions are given how to conduct the same. The position which the patient should assume "as most comfortable and delicate, and that most generally comfortable for the surgeon is to lie on the right side with the knees drawn up on the abdomen." Singularly enough the duck bill speculum is mentioned in connection with the closing of recto-vesical opening and not for general examination use. The use of reflected light when exploring the rectum high up is not advised or indeed noticed, and yet for examination of cavities it is most excellent. It will surprise many to learn that fistula is as frequent as hæmorrhoids in *Dr. Allingham's* practice. On the propriety of operating for fistula in and when occurring in a tuberculous patient sound advice is given: "For my own part, I do not think we have many, if any, clinical facts tending to show that the operation for fistula in phthisical patients renders the lung affection worse, or makes it more rapidly progressive." \* \* \* "I mean that if care be taken in the selection of the proper cases \* \* \* the

patients will generally do well and be benefited and not damaged by the cure of their rectal malady." One note of warning is given when operating upon a phthisical subject, namely, to interfere as little as possible with the sphincter muscle lest much incontinence of feces results. It is rather surprising that no mention is made of Monsel's solution as an application to the fistulous track after slitting up. In the writer's opinion there is no treatment so efficacious or which requires less attention.

For the cure of internal piles the ligature is strongly advised: "I have the good fortune not to have had one single fatal result from the ligature, either in my public or private practice, which now extends to more than 1600 operations." With such a record a strong recommendation is not surprising. It is not to be supposed from the above that no complications ever occurred, but they were promptly met and corrected.

Ulceration and stricture of the rectum are considered together, as they so generally co-exist. No valid explanation is offered why stricture is more frequent in women than in men, or why epithelioma is less frequent, the author confessing his inability to do so. It is very refreshing to find an acknowledged authority saying "I do not know the cause;" this is probably one strong reason why, when his opinion is expressed, it is treated with consideration.

Excision, colotomy, opium, are the tripod of treatment for cancer, and the indications for use are worthy of careful perusal and consideration.

In conclusion, it may be said that the book is a very reliable guide in rectal troubles, and while the author may be occasionally dogmatic yet his confidence is the outgrowth of long experience and as such is to be respected.

L. M. T.

*Microscopic Morphology of the Animal Body in Health and Disease.* By C. HEITZMANN, M. D., Late Lecturer on Morbid Anatomy at the University of Vienna, etc. New York: J. H. Vail & Co. 1883.

This large volume of 849 pages is the result of many years of hard work, during which Dr. Heitzmann has had the valuable assistance of a corps of skilful and painstaking co-laborers, his pupils, prosecuting their researches in his laboratory or under his personal observation. The work marks an epoch in the history of microscopic science in America, both as representing the views of one who is distinguished for the originality of his theories of histological anatomy and pathology, and for a large and conscientiously acquired experience that must always entitle his views to most respectful consideration. In 1873, Heitzmann published an essay upon the nature of protoplasm, in which he expressed opinions quite at variance with accepted doctrines concerning the cell theory, as first declared in 1838 by Schleiden as regards plants, and in 1839, by Schwann, in animals, and modified by the subsequent researches of Virchow, Max Schultze and others. Heitzmann claimed to have proven that "protoplasm" is not the structureless substance that preceding writers had described, but that it "has a reticular structure." For his investigations he employs high amplifications of the microscope (1,000-1,200 diam. immers.). At a temperature of 30° C., finely granular white blood-corpuscles exhibited the following features: "In the center of the corpuscle, one or two gray, opaque, homogeneous lumps made their appearance. From every lump emanate radiating conical spokes, which unite the two lumps, when such exist, or which are directed towards the periphery of the body and inosculate with a network traversing the whole corpuscle—a network, the points of intersection of which appear slightly



thickened in the shape of nodules or granules. On the periphery of the corpuscle the reticulum is inclosed by an apparently continuous, somewhat shining layer. The central lump, the spokes and the nodules are identical in their optical features, while the mesh spaces give the impression of light, structureless fields." As the temperature of the corpuscle is increased, the reticulum becomes more pronounced. "*The Nucleolus, the Nucleus and the Granules, with their connecting Filaments, are the Living, Contractile Matter Proper.*" They contain, and as a shell, inclose a non-contractile fluid matter. Wherever he searches, Heitzmann finds this structure of protoplasm. Instead of "protoplasm," the term "bioplasm" is proposed for living matter as described by the author, and for the improperly named "cell," the term "plastid," proposed by Haeckel, or "bioplast," proposed by Beale, is adopted.

The labor and intellectual force expended in sustaining this theory of all living normal and pathological tissues has been very great. Dr. Heitzmann was assisted in this by a staff of twenty of his pupils. While the exposition of his views concerning living matter is the main object of the author, his rich experience in all the details of normal and abnormal structure is shown upon every page. Not a small attraction are the 380 illustrations, nearly all from the pencil of Dr. Heitzmann, whose fame as a scientific delineator of microscopic and gross morbid and normal processes is already world-wide.

I. E. A.

*Diseases of Women: Including Their Pathology, Causation, Symptoms, Diagnosis and Treatment. A Manual for Students and Practitioners.* By ARTHUR W. EDIS, M. D., London, F. R. C. P., M. R. C. S., Assistant Obstetric Physician to the Middlesex Hospital, Consulting Physician to the City Provident Dispensary,

Late Vice-President of the Obstetrical Society of London, etc. With One Hundred and Forty-Eight Illustrations. Pp. 563. Henry C. Lea's Son & Co., Phila. 1882.

The author of this book labors under the disadvantages of being a comparative stranger to the American profession. His book, however, will, in a great measure, establish the excellent reputation and good character he enjoys at home. We have approached a review of this volume with no little pleasure. It is so seldom that text-books, upon the subject of which it treats, are given to the profession by British authors, that we are prepared to welcome contributions to Gynecological literature embodying the views and experiences of these practical observers and eminent authorities.

A careful study of this book will amply repay the student of Gynecology. We find in it, from beginning to end, a clear and practical statement of facts, a conservative and judicious method of treatment, and a common-sense system of teaching which gives to the views presented a directness and charm of expression for which the British authors are noted. The book is free from cant and dogmatism, is written in good language and in excellent style.

It opens with an illustrative chapter, giving useful and practical advice in reference to the methods of examining the patient, keeping a record of cases and other preliminary details, which the student should learn. This advice is judicious: "He should be extremely neat, and cleanly in the performance of all examinations, minor operations, dressings, etc., for patients are naturally indignant at finding stains of nitrate of silver or other agents on their towels and personal linen, and are apt to consider them as proof of a want of knowledge, as well as of dexterity and practice." Speaking of a local investigation the author says:

"It is best to leave entirely to the patient, as a general rule, the option of her mother or friend being present in the room during the examination. But in the case of young unmarried girls, especially if there is the least tendency to hysteria, it is always a prudent precaution to insist upon the mother or some discreet married friend being present." This advice is not as strong as it should be. We incline to the opinion that there are few circumstances under which a physician should make a vaginal examination, without the presence or assistance of a competent nurse or attendant.

The chapter on the "Means of Physical Diagnosis" is devoted to a discussion of the usual methods in practice. In England the left lateral position is the usual method employed for making digital exploration, for the passage of the sound or for the employment of the speculum. The author favors this method, but speaks favorably of the dorsal position. He speaks of the "perpendicular" method as being common in some countries, but seldom employed in England. The method he deems necessary when it is desirable to form an accurate idea of the true state of affairs, when the patient is in the upright position. "No exposure is necessary, and if the object of it be explained to the patient herself, she will seldom offer any objection."

In remarks on the means of making a diagnosis, he concludes as follows: "Too great caution cannot, however, be exercised in conducting the examination, otherwise in an attempt to arrive at a correct diagnosis, we may succeed in rupturing an extra-uterine cyst or ovarian abscess, or light up fresh inflammatory mischief, supposing the case to have been one of pelvic cellulitis." We are glad to see this emphatic language used, and endorse the following suggestion in regard to the use of the sound: "Before ever venturing to pass the sound, satisfy your-

self, as far as possible, that pregnancy does not exist; ascertain the date of the last catamenia, and estimate by conjoined manipulation the apparent size of the uterus. Should there be the least doubt as to the existence of pregnancy, avoid using the sound until after another menstrual period has passed by. It is better to wait than run any risk of inducing abortion before attempting to clear up the diagnosis." The author advises the introduction of the sound into the uterus without the use of the speculum. This method, he says, is more convenient, especially in virgins. He claims that the pressure of the speculum may alter the position of the uterus, and so render the evidence derived from the probe fallacious. This advice differs from that of Sims and Thomas, who recommend that a Sims's speculum be introduced first, so that the examiner can see to pass the sound. Practice may give success by the author's method, but we cannot agree with him in considering it the most convenient, nor would we advise its universal adoption.

The author devotes the usual space to the subject of specula. He says: "Numerous modifications of Cusco's speculum are made, but the practitioner should select the original form." We are not acquainted with a more awkward and unsatisfactory speculum for general use than the old duck bill instrument of Cusco. We would call the author's attention to several modifications infinitely superior to the original; noticeably, Howard's and Nott's. He rather underestimates the value of Sims's speculum, and remarks that "it presents such disadvantages that it is hardly likely to come into anything like general use." His objections are readily met if he will examine the modifications suggested by Eich, Hunter, Foster and others.

The chapter on malformations of the uterus calls attention to the usual deviations from the normal anatomy,



and to the abnormalities resulting therefrom, together with the diagnosis and treatment of the conditions observed. Under this head he refers to "conical cervix and stenosis of the os externum," and also to "stenosis of the os internum," both of which conditions are carefully and fully considered. He says, very properly, in speaking of the different methods of incision: "Whatever form of incision be adopted, the success of the operation depends upon the after-treatment."

The author devotes seventy pages to a consideration of displacements of the uterus. He refers to the controversy as to the cause of displacements, and takes a rational view of the subject. "Fortunately," he says, "we can often solve the question practically, for even if the displacement in the first instance be the consequence of hyperæmia or inflammation, it unquestionably tends to keep up or increase the condition which first caused it; therefore, if marked prolapse or retroversion of a congested or inflamed uterus occur, we are perfectly justified in inserting a pessary, provided it is tolerated and does not increase the discomfort already existing, and at the same time we adopt measures to lessen congestion or inflammation." Where the displacement is slight and the congestion or inflammation marked, he advises appropriate treatment to relieve the latter conditions before resorting to mechanical appliances for the first. Where the uterus is fixed by inflammatory adhesions, he cautions against an attempt at replacement or introduction of a pessary until the inflammatory mischief has subsided. This advice is good: "Having reduced the displacement of the uterus, we should not be in too great a hurry to apply a pessary." Rest in bed, astrigent vaginal injections, the dorsal, semi-prone, or genu-pectoral positions, each are worthy of trial for a few days. The subject of pessaries comes in for full discussion. The author thinks

well of Meigs's oval elastic ring and of Hodge's lever pessaries as applicable to a variety of conditions.

In speaking of retroflexions and retroversions, he cautions against the employment of force in restoring the uterus to the normal position, should adhesions exist. "If much resistance be experienced, or pain be produced, indicating the presence of adhesions, all further efforts at reduction should at once be abandoned, as otherwise the point of the sound may penetrate the uterus, and peritonitis ensue."

"Inflammations of the uterus" are considered under the forms acute and chronic, limited to the cervix or to the body, or affecting both, involving the parenchyma or the lining membrane. The distinction between metritis and endometritis he regards as arbitrary. "The inflammatory process is never entirely confined to one or the other structure, but involves both to a greater or less extent." In the treatment of septic metritis the author uses large doses of quinine for the reduction of temperature, and employs the subcutaneous injection of the kinate of quinine if the stomach be irritable. "A solution of fifteen grains to the drachm of water is made, and the injection is repeated at short intervals." "Opium alone should be regarded as a sheet anchor. Leeches are seldom indicated and only annoy the patient." Hot water vaginal injections, as advocated by Emmet, are approved of as a valuable aid in the treatment of all conditions of uterine disease. The various devices for administering the vaginal douche are discussed.

The author favors a judicious combination of constitutional remedies with local treatment in conditions of chronic cervical endometritis. His method of treatment for this effect suggests nothing original.

Subinvolution, hypertrophy and hyperplasia of the uterus are grouped under the head of chronic metritis.

The author regards these separate conditions as stages of the same affection. Until the pathology of these affections is better understood and more simplified, this arrangement, in accordance with clinical features, avoids much confusion of classification. The prophylactic treatment of the affection receives due emphasis. This sentence is very expressive. "Much may be done to obviate uterine disorders by a little timely assistance in the lying-in-room." The author might have stated, in bolder language, the well-known fact that chronic metritis has its origin in the majority of cases, in the faulty management of the parturient and lying-in-state. He intimates as much when he says: "The application of the forceps in a case of tedious labor may prevent the necessity of resorting to subsequent treatment for subinvolution, retroflexion and other uterine disorders." "Care should be taken to secure efficient contraction of the uterus after expulsion of the placenta." "Before concluding his attendance the practitioner should take some opportunity of examining, to see whether the cervix be granular or lacerated, the organ misplaced, or any condition present necessitating local treatment."

Uterine polypi, fibroid and fibrocystic tumors of the uterus are treated of in two chapters on "new growths of the uterus." The author has nothing new to suggest in the management of these affections. In severe hemorrhage due to fibroids, the author accepts the operation of normal ovariectomy as the easiest means of abating hemorrhage and arresting the growth of the tumor.

Chapters on diseases of the ovaries, ovarian tumor and ovariectomy, treat at length of these affections. Battey's operation meets with favorable mention, and the indications calling for its employment, as pointed out by Dr. Battey, are quoted. Spencer Wells's classification of ovarian tumors is

adopted. This recognizes three general divisions, adenoid, fibrous and malignant. The extra- and intra-peritoneal methods of treating the pedicle are very fully considered, and the advantages and disadvantages of each discussed. We are not told which method the author prefers, or whether he has practised either. Listerism is described but its adoption is not enforced. The author is evidently on the fence.

Succeeding chapters of this book treat of the various subjects found in text-books on Gynecology. We have not the space to call attention to many useful suggestions he has placed before the reader. We have given to the book as much consideration as our space will allow. Whilst the work is in no sense a comprehensive treatise, many of the subjects are fully discussed, and present to the reader a very accurate and faithful picture. Upon the whole the book is very clever, and will, no doubt, be assigned an honorable position among the many valuable contributions to gynecological literature.

T. A. A.

## EDITORIAL.

A NEW MEDICAL DEGREE.—The French Minister of Public Instruction and Fine Arts has issued a circular proposing the creation of a new medical degree, the title of which will be "Doctor of Medical Sciences," and he seeks the advice of the Faculties of medicine and other collegiate bodies of France, with regard to its advisability. His idea seems to be to institute a grade superior to the present "Doctorate of Medicine," and to be conferred only upon those persons who, by the value and originality of their scientific contributions, have established their claims to such preferment.

This proposition of the Minister meets with warm opposition. Several of the leading French journals have



expressed themselves in terms of the strongest disapproval of it. The *Union Medicale*, for instance, pronounces it "a useless category in the art of healing, an empty formality for men of work," and declares that "it will serve only to legalize certain states of scientific parasiticism." The Committee of the Academy of Medicine—appointed to report upon it—take, it is said, a somewhat less unfavorable view of it, and although judging it inapplicable in the more practical departments of medicine, think it might be employed to designate those who have devoted themselves to anatomical or physiological work, or to the study of hygiene, medical jurisprudence and insanity. This view of the Committee impresses us as the only one worthy of consideration.

It is said that one motive in proposing the new degree was to assimilate the rules governing medical teaching to those already in vogue in other departments. For instance, in order to become a professor in a faculty of letters or sciences it is requisite, according to French law, to be a Doctor of Letters or of Sciences. Thus the new degree would take the place of the *Concours a l'Agregation*, by which the professors now enter upon their professorial careers. But apart from special considerations of this sort based solely upon national custom or law, there seems to be no clear need for the title proposed. And besides, the title itself is objectionable from its resemblance to the one in use. Is not a "Doctor of Medicine" a "Doctor of Medical Science"? What is medicine if it is not a science, or rather a collection of sciences? And unless we divide doctors into two classes, the one doctor of medical art, the other of medical science, what justice would there be in usurping a part of that which we already possess? But would it be possible to disassociate the science of medicine from the art? Could a sur-

geon now practice his *art* successfully without a knowledge of his *science*?

If anything is needed then, it is not an advanced degree. It is rather to be desired to elevate and enhance the present degree, but the opposite effect would follow if another, superior to it were to be instituted. Superior position and qualifications are easily made known by other titles or means already available.

There are classes of workers, however, whom the development of medical and scientific knowledge has multiplied, and whom their own contributions and acquirements have brought into prominence, who can justly claim some title of recognition in connection with these accessory medical pursuits, for it seems hardly just that in order to obtain recognition as a physiologist, or an anatomist, or a sanitarian, and to show to the world that one is something more than a mere layman, it should be requisite to pursue a prolonged medical course, embracing studies altogether unessential to the career proposed. As these persons are proficient only in certain departments belonging to medical study (chiefly experimental, laboratory and statistical), departments with which every student of medicine is supposed to familiarize himself before obtaining his degree, it would seem that they should have a degree expressing this partial mastery of medicine. That of "Bachelor of Medicine" would suggest itself, standing in the same relation to the "Doctorate" as "Bachelor of Arts" does to that of "Master of Arts." It may be questioned, however, whether such a division would have any practicable value even abroad, where the standard is very much higher than with us; but certainly so meagre are the qualifications necessary for obtaining an American medical doctorate, and so little value does it possess in public esteem, that to lessen its requirements

for the purpose of creating a subordinate degree would justly be regarded by all as a *reductio ad absurdum*.

THE PROBABLE ATTITUDE OF THE JOHNS HOPKINS MEDICAL SCHOOL TO OTHER SCHOOLS.—Much curiosity, as well as anxiety, is manifested in our sister cities to the northward, as to the policy to be pursued by the Trustees of the Johns Hopkins University, with reference to the Medical Department of that institution. The immense advantages it will have by virtue of its vast endowment, in any competition with the New York and Philadelphia schools is readily appreciated by them. We do not profess to know the plans of the Trustees upon the subject—but we feel confident of one thing—that the future medical school will be on a superior plane to any of the institutions now in existence in America; that its course of instruction will be far more thorough, its degree correspondingly more difficult of attainment.

We may judge somewhat of the medical curriculum by the preliminary course now available and which requires three years of study leading to the degree of Bachelor of Arts. It will be seen from this that the preliminary training which will be requisite to enter the school would deter the vast majority of present medical students from even the possibility of pursuing their professional studies in it. With such a training it can well be supposed that the medical instruction proper will not be of a superficial character and four years would be the least limit which we could assign to the latter. With these considerations to guide us, and with a knowledge of what has been already achieved in the other departments of the University, we can form some idea as to what extent competition may be expected. A school which requires seven years of study in order to obtain its degree can hardly be con-

sidered a competitor of one which demands only two or at the most three years. To this extent it would prove competitive—that it would draw some of the best men away from the other schools, those who attend the latter because they cannot at present find anything better to attend. Those ambitious to acquire eminence and to become teachers or professors, those especially interested in pathology, physiology and microscopy, those who would otherwise go abroad, those who have talent, means, and leisure, will be drawn hither. The number will not probably be large, and the growth of the classes will doubtless be slow, but thoroughness will be insisted on, original research fostered, talent and zeal suitably encouraged and rewarded, and thus influences will radiate from this centre that will scatter its benefits and reputation far and wide.

But it will be many a year before there will be a *general* public demand for such graduates. The present system of education—improving even slowly and gradually—will long suffice for the wants of most of our communities, whether urban or rural. It is not, therefore, likely that the interests of the other schools will be much affected by the establishment of this, and we hope our neighbors will not get so excited or let their anxiety break out into appeals and urgent entreaties to the Trustees to institute requirements which will be impracticable and drive away those anxious to avail themselves of the superior advantages which Baltimore will be able to offer in obtaining advanced medical instruction.

#### MISCELLANY.

PHYSIOLOGICAL ANALOGIES AND DIFFERENCES OF STRYCHNINE AND CURARE.—Owing to the striking analogies which have been brought to light of late between the physiological actions



of curare and strychnine (especially by Richet and Vulpian) Courty has thought worthy of investigation the question how far this resemblance reaches. It is at least of toxicological importance to know the limits of resemblance, and after going somewhat fully into the series of events which, after large doses of strychnine precedes the final curare-like paralysis, Courty concludes that the *order* of the various phenomena which culminate in both cases in paralysis, alone furnishes a diagnostic set of facts.

Thus curare, however injected or however variable in composition, causes a loss of function in the motor nerve a little later than it causes the stoppage of ordinary movements and those of respiration. Still later comes paralysis of the vagus. With strychnine the order is reversed. First comes pneumogastric inexcitability; then cessation of the ordinary movements or spasms; and finally the motor nerve refuses to react.

A good practical test of poisoning in animals in a suspected case, therefore, would be this: Stimulate successively the vagus and the sciatic nerves. If the vagus fails first we are dealing with strychnine; if the sciatic, we have curare.—*Comptes Rendus*, Nov. 13th, 1882. W. T. S.

THREE CASES OF DISSEMINATED SCLEROSIS OCCURRING IN ONE FAMILY. D. J. W. Holland (*Louisville Med. News*, Dec. 9, 1882) reports the case of a patient, aged 27, in whom the symptoms of disseminated sclerosis commenced at the age of 12, confined at that period to the antero-lateral tracts; and only within the last three weeks have bulbar symptoms become perceptible. Two sisters, one now 17, the other 13, began in their eleventh year to stagger and now cannot walk at all. They have tremors and are paretic in legs; one of them also in the arms. Speech and neck muscles are sound; mind is clear and muscles

unwasted. They have no incoordination or pain except a tired ache in the back. The bladder and rectum act healthily. "The father and mother are alive and free from all nervous maladies. My patient knows of no similar case in the family traditions as far back as they go." Dr. H. in concluding, remarks: "In searching the annals of neurology I have not found a parallel to this group. Three in one family are at the same age seized in the same way." H. J. B.

SOCIETY BULLETIN.—*Clin. Soc. of Md.* will meet Friday, Jan. 5th, 1883, 8 P. M.; Dr. Latimer will read a paper on "Neuritis," and Dr. Tiffany "Notes on the Removal of Mammary Tumors, Based on Thirty Cases in Practice." *Acad. of Medicine* will meet Tuesday, Jan. 2nd, 8.30 P. M.; Dr. T. B. Owings, "Remarks on a Thirty Years' Obstetric Practice." *Med. Ass'n* will meet Jan. 8th, 8.30 P. M.; annual meeting, banquet and election of officers. *Med. and Surg. Soc.* meets every Wednesday at 8.30 P. M. *Obstet. and Gynecol. Section, M. and C. F.*, will meet Friday Jan. 26th at 8.45 P. M.

#### MEDICAL ITEMS.

PROF. H. Newell Martin will deliver six lectures on "Animal Heat and the Physiology of Fever" at the Johns Hopkins University, on Tuesdays and Thursdays, from January 9th to 25th. Physicians can obtain tickets by application, and paying a registration fee of one dollar.—A poliklinik is said to be on the tapis in Philadelphia in connection with the German hospital. —Mr. Francis Seymour Haden, F. R. C. S., the English surgeon and etcher, will lecture at the Johns Hopkins University, Jan. 2nd, 3d and 4th, on the "Principles, Practice, and the Great Masters of Etching."—There were fifty-seven deaths from small-pox in Baltimore during the week ending December 23.

# MARYLAND MEDICAL JOURNAL.

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WHOLE NO. 102.

BALTIMORE, JANUARY 15, 1883.

VOL. IX, No. 18.

## ORIGINAL PAPERS.

### OBSERVATIONS UPON MAMMARY TUMORS, BASED ON AN ANALYSIS OF THIRTY CASES IN PRACTICE.

BY L. MC LANE TIFFANY, M. D.,

Professor of Surgery, University of Maryland.

(Read before Clinical Society of Md., Jan. 5, 1883).

The following observations are presented for the consideration of the Society, not as proving anything, for the number of cases is too small to generalise from, but as suggesting lines of thought or treatment.

The number of cases is thirty, of which I find notes more or less copious, and of these, twenty-seven were white, three were mulattoes; of the latter class, one (1) was dark, the others quite light-skinned. Mammary tumor in the full-blooded negro is extremely rare as compared with the Caucasian race.

All the patients were females.

The tumors classified anatomically are:

Cystic,	2	Cysto-Sarcoma,	2
Fibroid,	3	Carcinoma (Scirrhus)	10
Papilloma,	1	Carcinoma-Sarcoma-	
Adenoma,	3	todes,	1
Adeno-Sarcoma,	1		—
Adeno-Carcinoma,	1		26
Sarcoma,	} Spindle and round cells 2	Not noted,	4

Clinically classified, there are malignant seventeen, benign nine, taking malignant to mean a tendency to infect distant parts through the blood or lymph channels, and to recur in situ after apparent removal.

Of the first class—benign—the eldest was forty-six years, the youngest eighteen years. Of the latter class—malignant—the oldest was seventy-nine years, a negress, with a recurrent scirrhus, the original tumor having been removed four and a half years previously, the youngest thirty-seven years, a mulatto, and a white woman having each a carcinoma at this age. From which it would appear that simple tumors are met with at an earlier age than malignant ones. Injury, a severe blow, was the alleged cause in two cases—a sarcoma, and a carcinoma—



sarcomatodes. Mastitis was the alleged cause in two cases, the inflammation having occurred many years, before, during lactation—one sarcoma, one carcinoma. In one case, the breast not invaded by carcinoma had been the seat of abscess during lactation, and in subsequent pregnancies failed to secrete milk.

Hereditary tendency is shown as follows: One sarcoma had a brother who died of carcinoma of the tongue; one fibroid, aged eighteen, had a mother from whose breast a fibroid was removed, also at the age of eighteen.

Six benign tumors were single, and three married, with one child each (two not noted).

One adeno-sarcoma, aged eighteen, was unmarried, and one carcinoma-sarcomatodes, aged forty-five. All other malignant tumors occurred in married women; of these, two were sterile, the others had 7, 7, 5, 6, 6, 6, 1 children. One patient is credited with several children. It would appear, therefore, contrary to the prevailing idea, that a family rather predisposes to the occurrence of malignant tumor.

Menstruation was absent in one aged seventy-nine, irregular in one aged fifty-one, regular in all the rest—a somewhat remarkable showing, since among the rest are sixteen aged between forty and fifty. It is a possibility that late menstruation may predispose to mammary growths, and seems worthy of notice.

The age of the patients, together with the type of growth, was as follows, when applying for treatment:

Fibroid, 22–28–46 years; all small, not more than half an inch in diameter. Twenty-two years had three tumors not larger than peas, situated at the periphery of the breast; the two others, 28–46, were near the nipple.

Retention cysts, aged 24–45 years; the latter of these had the other breast removed three years before being seen

by me. The breast presented similar appearances to the one removed by me. The family physician is responsible for this statement.

Papilloma, aged eighteen years; an exquisite example, situated in one of the larger milk ducts.

Adenoma, 45–38–28; in no case more than one inch in diameter.

Sarcoma, 45–45, married, with families; cysto-sarcoma, 42–40, married, with families; carcinoma-sarcomatodes, 45, single; adeno-sarcoma, 18, single.

Carcinoma: Scirrhus, 37, 40, 43–43, 45–45–45, 47, 51, 79; adeno-carcinoma, 37.

The time elapsing after discovery of the growth before applying to me for treatment was as follows: Fibroid, five years, one patient; the two others said “a long time.” Papilloma, “a long time.” Adenoma, many years—one year—a long time. Retention cyst, two years—eighteen months.

It would appear that the benign tumors grow slowly; not so, however, with the malignant.

Sarcoma, eight months, involving three-fourths of a large breast, cystic. Sarcoma, ten months, a tumor the size of a closed fist, solid. Sarcoma, seven months, a tumor, two by three inches.

Adeno-Sarcoma, two years, a tumor, four inches by three.

Carcinoma, Scirrhus, two years, a tumor, three by three and a half inches. Carcinoma, Scirrhus, twenty months, operated upon and returned, at time of second operation being a flat growth the size of a small saucer. Carcinoma, Scirrhus, one year, three inches by three inches. Carcinoma, Scirrhus, eighteen months. Carcinoma, Scirrhus, one year, involving entire mamma. Carcinoma, Scirrhus, fifteen months, size of small orange.

It would appear that of malignant growths the sarcomata are the most rapid. It may be noted that no medullary carcinoma appears in my list.

The breast affected is noted in the

case of nine benign tumors, five being in right breast, four in left.

Sarcoma is credited to left breast four times, to right breast once.

Carcinoma, to left breast eight times, to right breast four times. Malignant growths occurring, therefore, in the left breast twelve times, in the right breast five times, a proportion which may be modified by a larger number of cases.

The skin, glands in axilla, and pectoral muscle, were involved in no case of benign tumor.

Of five cases of sarcoma the skin was involved in three; the pectoral muscle not at all; axillary glands once slightly, from irritation probably rather than the disease.

Carcinoma: One case showed infiltration of mamma, implication of skin, axillary enlargements and also under pectoral muscle; all within one year from discovery of tumor. Another showed a similar condition of things after twenty months. A tumor two inches in diameter was present in each of two cases without skin or axillary implication after one year of growth.

One growth existed five years and began to increase rapidly three months before being seen by me; the skin was not involved, but there were sixteen enlarged glands in the armpit. A similar history belongs to another patient with the addition of skin implication.

Of twelve carcinomatous patients five had axillary tumors. Implication of great pectoral muscle was present in two recurrent and four primary cases. The wall of the thorax was involved in one case. The skin was involved in seven cases.

Local complications in order of frequency are skin adhesion, pectoral-muscle adhesion, axillary glandular enlargements, and lastly implication of thoracic walls. An open ulcer was present in one case where an incomplete operation had been attempted, the wound never closing.

Dimpling of the skin over a carcinoma is seen only when much integument is involved and indicates extensive infection. Connection with the great pectoral muscle is made out by causing the arm to execute certain movements, the tumor being grasped meantime in the fingers. Always great movement can be imparted to the growth across the muscular fibres, but not in the direction of their length, the great pectoral being tense.

The nipple was depressed in many and not able to be drawn out in any cases of scirrhus.

Discharge from the nipple occurred where a growth was present in a milk duct, papilloma, and in two cases of carcinoma containing small cysts.

Ulceration of the nipple, Paget's disease, was observed in one case; the raw surface had existed for several years and the nipple had entirely disappeared. The carcinoma following the nipple ulceration was situated in that part of the breast beneath the nipple and was in the form of a flat disk.

Treatment: All the cases were operated on and all recovered from the operation. In every case where glands in the axilla were felt, that space was freely opened and all tumors removed.

The direction of incision and its length varied with the size of the growth, its nature, its connections.

The benign tumors were easily removed through a single incision, and require no special comment. Not so the malignant growths. Here not only the neoplasm, but the area of infection surrounding it required removal; so cutting was correspondingly free, overlying skin and subjacent muscle were extirpated without stint and the armpit cleaned from all visible glands. These latter might not be recognized by touch through the skin, and yet the microscope showed plainly carcinoma after removal. Axillary growths



are removed safely and expeditiously by the fingers rather than the knife, thus obviating bleeding from small vessels. I have repeatedly emptied the armpit, so that the chest wall was cleanly exposed and the fingers could be passed up under the clavicle; so far I have found no accident follow this procedure, nor is healing retarded. I have not made great efforts to close the wound after removal of a breast, but have brought the edges as near each other as possible without great tension; for this purpose I use silver wire, not sticking plaister, and do not remove the wire for ten days or more unless inconvenience is complained of. Iodoform lightly sprinkled on the wound, a drainage tube in the armpit, and a compress of absorbent cotton held in place by a bandage constitutes the dressing. This is not disturbed until some reason for so doing is apparent, and then only so much of the cotton is removed from the lowest part of the wound as is necessary for cleanliness and good drainage. The axilla heals promptly, the site of the tumor healing later. For several days the arm is carried in a sling, even though the patient occupy the recumbent posture, thus ensuring immobility of the cut region as much as possible. It is rarely necessary to change the first dressing after an operation before the tenth day and sometimes longer, even though the wound be left with edges some distance asunder. The wound is not washed, a little absorbent cotton sufficing to cleanse the surface when uncovered. Dry and infrequent dressings combined with rest and pressure constitute the treatment (Gamgee). When the wound has been mopped with chloride of zinc, I have found oakum dressing with occasional irrigation, by means of warm water, to give more rapid healing than a cotton dressing. The destruction of tissue following the use of the caustic is sufficient explanation of the necessity for a differ-

ent dressing. Adhesive strips assist the closing of the wound after the slough is cast off.

It has been said already that no case died as the result of operative measures; how about recurrence and permanent relief?

It is worthy of notice, that, of the cases of scirrhus-carcinoma, four had erysipelas. They were all stout and apparently healthy in all respects, acknowledging no ill-health of any kind; yet within six months the disease had recurred in two, one has not been heard from, and one has been operated upon too lately to take into consideration.

The erysipelas as a factor in producing rapid recurrence is be considered; also whether or no a robust frame may not predispose to a more extensive area of infection thus rendering it more likely that the surgeon does not entirely eradicate the disease when operating.

Recurrent growths, when possible, I have removed, and I see no reason to doubt the propriety of the measure. Of course a diffuse growth which cannot be isolated should be treated with great respect, but recurrent nodules are to be treated by excision. The following case shows that advanced age need not prevent a secondary operation:

Case 1.—A. B—, negress, aged 79 years, was operated upon in 1874, left breast; in 1879, five years later, a small recurrent growth—scirrhus-carcinoma—was removed from the sternal end of the cicatrice. Recovery was rapid.

I have had the privilege of seeing in the practice of my colleague, Dr. Michael, a patient upon whom three operations in four years have been done for scirrhus-carcinoma; she is now in good health.

The most extensive operation for recurrent mammary cancer that I have done is the following:

Case 2.—Mrs. C—, aged 37,

mother of seven children, youngest eight months, eldest thirteen years, had a tumor removed from left breast; the wound never healed. Tumor existed one year before being subjected to operation, which was done prior to birth of last child. I found an open carcinoma, small, adherent to chest wall, axillary glands enlarged and one or two large nodules under the pectoral muscle. Everything was freely cut away (in June) and the wound mopped with a sat. sol. of zinc chloride. Much sloughing followed; two inches of one rib, and as much of another came away. The floor of the wound rested on the heart, the beat of which was plain. August 1st patient returned home. I heard from her several months later and she was doing well at that time.

That rapid growth need not prevent operation is seen from case 3.

Case 3.—Mrs. G—, aged 45 years, mother of seven children. Had mammary abscess left side while nursing one child. She received a severe blow on the left breast and noticed a small lump in the same region several months later. Ten months afterwards when seen by me the mamma was the seat of an elastic globular tumor three inches in diameter. The mamma was freely removed and the resulting wound healed rapidly by granulation, the skin edges not being able to meet. Two months later a small gland the size of a large pea was removed by incision in the axilla. The patient is now well, ten months after operation, and has become stout.

In regard to permanent and complete cure: The test insisted on by Paget, and accepted by Gross, is ten years of immunity and health. It is to be regretted that I cannot adduce a single case complying with this requirement, but the reason is not difficult to find, namely, that but eight and one-half years have elapsed since my first breast excision, so I must

plead professional youth in extenuation. I have not found it possible to learn the bodily condition of many of my patients. The following I have recorded and may be relied on as existing Jan. 5th, 1883: A scirrhus removed Feb., '78; patient well without return. Scirrhus removed Nov., 1881; returned in situ and in axilla by May. Scirrhus removed Sept., 1882; recurred in three months. A rapidly-growing sarcoma removed in March, 1879, recurred in one year, was again removed and again recurred, causing the death of the patient one year later. A rapidly-growing sarcoma two inches in diameter removed Feb., 1881; patient now well without recurrence. A rapidly-growing sarcoma three inches in diameter; removed ten months since, now well. A carcinoma removed, recurrence took place in four and a half years; the growth was removed and patient continues well. A carcinoma being removed recurred in situ four years later; removed and patient recovered.

I have news of several of the benign cases, but being benign their future is of no importance. The malignant tumors operated upon during the past six months, nine in number, have scarcely had time to recur, and, therefore, are left out of consideration, with the exception of the one removed in September, which is noted as having reappeared.

## NOTES OF CASE ELEVENTH OF OVARIOTOMY.

BY H. P. C. WILSON JR., M. D.,

Gynecologist to St. Vincent's Hospital, etc.  
(Read before Balto. Academy of Medicine, Dec. 19, 1882).

November 26th, 1882, I went to Harford County, Md., to meet Dr. Cochran, of Havre de-Grace, in consultation regarding the case of Mrs. —, from whom I had successfully removed an ovarian tumor January 5th, 1881. This lady had been brought to me about Oct. 1st, 1882, on account



of small tumor situated in the right groin. On examination then I was satisfied that this was ovarian, but she was so feeble and her glandular system so involved that I refused to operate, because, first, I was sure she would sink under the operation; second, I feared malignancy of the tumor; third, I did not think that so small a tumor could alone be the cause of her great debility, and the enlarged and indurated lymphatic glands unless malignant. I therefore sent her home to await developments, but directing for her tonics, alteratives and free nourishment.

For a time she seemed to improve; then ascites appeared accompanied by nausea, and she rejected all the food taken into the stomach, until from her great distress Dr. C. was obliged to tap her about three weeks prior to my visit, drawing off about four gallons of fluid. After this she retained food and recruited for awhile; but the abdominal cavity refilled, producing a return of the nausea and vomiting and greatly oppressing her. It was at this juncture I was called to see her, as it was feared she was too weak to be brought to me.

I found her, as described above, with the lymphatic glands of the neck, axilla and groins, twice to four times their natural size and as hard as stones. The mammæ were much enlarged—the right twice as large as the left, and almost as hard as carcinoma. The labia majora and minora were very much enlarged and as hard as cancer, and were so closely united and so unyielding that it was impossible to separate them so as to see the meatus urinarius. The tumor had grown in less than two months from the size of a small orange to four times that size.

She was evidently losing ground. I was certain she could never be in a better condition for an operation, and this, or to tap her with the certainty of being obliged to tap and retap until

her life was speedily ended, was the only thing to be considered in her present emergency.

I rejected tapping as only postponing the fatal day for a little while, and as the tumor was evidently solid and cystic (a compound multilocular tumor) I felt sure it was not malignant. I hoped that by removing it I would get rid of the recurrent ascites and thus give time for constitutional treatment and give her a chance for her life. She was anxious for the operation. I frankly told her and her friends that the chances were she would die under the operation, but it offered the only chance for her life.

I was encouraged to be more hopeful of the operation because when I had removed the former tumor (growing from her left ovary, weighing twenty-five pounds, and floating in about three gallons of ascitic fluid) nearly two years previously, I was sure she would die under the operation, so great was her debility and so great and continuous the nausea and vomiting. To carry her through the first operation we were compelled to give her over 100 hypodermatic injections of whiskey and even then I was frequently discouraged by my assistants in the announcement that she had no pulse. These reasons and the consideration that I had no right to deny the woman her only chance of life, because the chances were greatly against me, decided me to recommend that she be brought to St. Vincent's Hospital, for ovariectomy, as soon as possible.

Accordingly she was brought to hospital next day (Nov. 27th), standing the journey well, seeming brighter and more cheerful by the change, and taking more food for a few days. This soon ended, and for several days before the operation she had more or less constant nausea, and for twenty-four hours previous to it she was vomiting most of the time just as before the first operation.

On the morning of Dec. 6th, her bowels were freely moved by an enema. She took ten grains of quinine in capsules at 10 A. M., and a grain of opium in pill at 1 P. M. The hospital staff were present with her attending physician, Dr. Cochran, of Havre-de-Grace.

At 2 P. M., after taking a good drink of whiskey, she was rapidly chloroformed by Dr. Gorter. Dr. Robert T. Wilson assisted me in my dissection and manipulation of the tumor. Drs. Chunn and Schæffer managed the sponges and instruments. The atmosphere in the room was thoroughly carbolized and then the spray was stopped. Instruments, ligatures, needles and sponges were placed in carbolized water and all assistants were required to wash their hands in the same.

When ready, I made an incision of four inches in the median line below the umbilicus and entered the abdominal cavity without difficulty. The tumor, of six or eight pounds weight, was found growing from the right ovary by a broad, thin pedicle without attachments. The pedicle was compressed by my oöphorectomy clamp, transfixed below it by a needle armed with a strong carbolized, double silk ligature, which was cut and tied on either side, and the tumor was then cut away on the upper surface of the clamp, and the clamp removed. The stump was touched with Monsell's solution.

I neglected to say that on entering the abdominal cavity there was a free discharge of ascitic fluid of from three to four gallons in amount.

The whole peritoneum was in a state of chronic inflammation, and although the abdominal and pelvic cavities were thoroughly cleansed and all fluids removed before we commenced to sew up the incision, it was interesting to see, before securing the last wires, how much serous fluid had been poured out by this inflamed and

almost villous-looking membrane. This was all removed and a drainage tube inserted before securing the last wire.

The wound was dressed with a carbolized wet cloth, a flat carbolized sponge over the drainage tube, and India rubber cloth to collect the drainage, and bandage over all. She was put to bed, wrapped in blankets, and surrounded with bottles of hot water. Her pulse was as good as usual at the end of most ovariectomies. She was only given three hypodermatics of whiskey (and these could have been dispensed with) instead of over a hundred as before; yet she never recovered from the shock up to her death, thirty-six hours after the operation. All the whiskey we could give hypodermatically, all the whiskey and beef-tea we could administer per rectum, and all the hot applications we could put around her, had not the slightest effect to stimulate her. Reddish serum constantly poured from the drainage tube up to the time of her death.

### CASE OF ACONITE POISONING.

BY J. C. CLARK, M. D.,  
FEDERALSBURG, MD.

About 4½ P. M., Nov. 28th, I received a hurried summons to a village, about four miles distant, to attend Mr. C., who, the messenger said, was thought to be poisoned, having taken by mistake a gargle which I had left some six months previous for a brother who had acute tonsillitis. Upon reflection I knew the gargle to be harmless, being a solution of chlor. potass.; but remembering that I had also left some tr. aconite root, I at once suspected the cause.

Upon arrival, I found Mr. C., a young man, aged about 25, in a very precarious condition, with the following history: About 3½ P. M., Mr. C. reached home after a long drive,



and ate very heartily of mince pie, using on it what he thought to be whiskey, but what was the tr. aconite root. Upon examination, I found great depression, vomiting, chilliness, numbness and tingling in the extremities, great anxiety, labored breathing, and, according to attendants, several convulsions. Pulse was almost imperceptible, very weak and fluttering, and about 35 per minute.

I at once gave one drachm aromatic spts. ammonia, and ordered hot irons, flannels and mustard to the surface and ammonia by inhalation. The ammonia given was retained but a short time owing to the intense vomiting. I next gave a tablespoonful of whiskey, which was retained, and repeated it every ten minutes for an hour, occasionally substituting ammonia. The hot applications were renewed at short intervals and ammonia was constantly inhaled. The pulse then became a little more regular, but showed that the heart was still laboring. Patient still complained of chilliness and tingling with loss of muscular power. He thought he would be paralysed.

I kept up the stimulation with warmth to the extremities for about six hours, when his pulse was regular and strong, numbering 60 per minute. He then complained of nothing but feeling very weak. Said he used as much as a tablespoonful of the drug. It was the officinal tr. aconite root. Two other members of the family used some of the supposed whiskey on their pies but were but slightly affected by it, complaining of nothing but chilliness.

DR. W. T. Councilman will deliver two lectures on "Splenic Fever, as Illustrating the Relationship of Bacterial Organisms to the Production of Infectious Disease," at the Johns Hopkins University, January 30th and February 1st.

## CLINICAL LECTURE.

### DISLOCATION OF THE ASTRAGALUS.

BY OSCAR J. COSKERY, M. D.,

Professor of Surgery, College of Physicians and Surgeons, Baltimore.

(Delivered in the Amphitheatre of the College.)

*Gentlemen:*—This patient you will remember to have seen some weeks ago. He was brought into the amphitheatre with his left foot dislocated inwards, and upon the outer side of the dorsum of the foot was plainly seen a rounded projection. Under complete anæsthesia, the leg was flexed upon the thigh and the reduction of the dislocation easily accomplished. But the swelling on the dorsum did not decrease. On a careful examination this was decided to be the head of the astragalus. Grasping the heel with the fingers of the left hand and the anterior portion of the foot with the fingers of the right, the dislocated head of the bone was pushed with the left thumb backwards and inwards. As the bone was pressed into position crepitus was felt, showing fracture also. Upon letting go the parts the head of the astragalus tended to push forwards. Section of the tendo Achillis was done and the fragments fell into good position. The limb was put in plaster of Paris splints, and the result is before you. It is now exactly six weeks from the time of the accident, and you see a good, useful foot with no deformity; a very slight swelling over the site of the first part of the antero-posterior arch of the foot, and restricted movements of the tibio-tarsal articulation. He is now about to leave hospital.

This is in striking contrast with the history of the patient from whom the specimen I now show you was taken. The man, a painter, was on a step-ladder about six feet above the platform, upon which he lighted, when he fell. He struck upon the ball of left foot with the member extended.

The astragalus was shot forwards and inwards, and, as you here see, is partly rotated downwards and rests upon the inner side of the transverse arch of the foot. There was at first no external opening, but the tightly stretched skin over the bone gave way, the simple dislocation became a compound one, and, for reasons that I need not now enter upon, amputation of the leg was done. I should state, however, that attempts at reduction under chloroform were unsuccessfully made.

Dislocations of the astragalus may be partial or complete; accompanied by fracture or not; simple, compound or comminuted; but can only occur when the result of indirect violence, when the foot is extended upon the leg. The force being received upon the anterior portion of the member, with the dorsal surfaces of the bones forming the antero-posterior arch widely separated, the bone is forced out between the *tibia* and the *scaphoid* as a wedge would be between two blunt opposing surfaces. As the foot might be turned outwards or inwards would be the direction of the bone to the inner or outer side of the foot. My experience agrees with that of Mr. Erichson, that the astragalus is most often rotated outwards, notwithstanding this specimen I show you, where the bone is presenting upon the inner side.

In these dislocations, especially where complete, on account of the great pressure upon the skin, sloughing is apt to follow, and, what was originally a simple dislocation, becomes a compound one. I have already frequently called your attention to the important clinical difference between the two conditions. In the second case narrated, or that from which this specimen was obtained, this accident did occur, and, as said before, amputation was required in order to save the patient's life. He is now well and walking upon an artificial leg.

The treatment of these injuries is very important. The immediate indication is to reduce, if possible. In the case of this patient on the table, owing mostly to the fact that the whole bone had not been dislocated, and that the body still prevented the strong *gastrocnemius* muscle from drawing the *os calcis* up against the articular surface of the *tibia*, reduction of the dislocated portion was not very difficult, nor its retention in good position, after tenotomy of the *tendo Achillis*. In the second case reduction could not be effected even with these means. There are only three courses to be adopted in such a case as this latter: To cut down upon and resect the bone at once, to wait until sloughing of the skin takes place and then resect, or, as in my case, to amputate the limb. Let us consider these three alternatives. As we know, patients may have a good, useful foot after dislocation of the astragalus (and I have myself seen two such, both, to be sure, partial dislocations), I think the advice "to wait until sloughing is imminent or present," is good; anyhow, so far as resection is concerned.

If inflammatory action has gone beyond the synovial membranes in immediate relation with the dislocated bone, and a general, diffused inflammation of the planes of cellular tissue in the lower part of the leg occurs, I think the plan of treatment adopted by myself, that of amputation in the middle third, should be done. In this case, as in all similar ones, however, it should be looked upon as a *dernier ressort*, and should always be secondary.

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"AND Asa, in the thirty-ninth year of his reign, was diseased in his feet until the disease was exceedingly great; yet in his disease he sought not the Lord, but the physicians. And Asa slept with his fathers.—*2 Chronicles*, 16, 12.



## SOCIETY REPORTS.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD DEC. 15, 1882.

*(Specially reported for Md. Med. Journal).*

The Society was called to order at 8.30 P. M., DR. SAMUEL THEOBALD, President, in the Chair. Dr. Whitfield Winsey was proposed for membership.

## SUBCUTANEOUS NERVE-STRETCHING.

—*Dr. Chambers* exhibited the first patient upon whom he had performed this operation for sciatica. Previous to the operation the patient required the aid of a stick, and the pain was so great as to deprive him entirely of sleep. All measures proving fruitless (including injections of chloroform and electricity), after two months of treatment nerve-stretching was tried. A week afterwards he returned to his work as laborer in a tunnel, and has had no pain since. The operation was performed June 5, the attack beginning in the previous January. No anæsthetic was employed in performing it.

*Dr. Miles* believed that a great many such cases would be benefited by nerve-stretching, especially those of perineuritic origin. Hutchinson maintains that most cases diagnosed as sciatica are not seated in the nerve itself but in the surrounding tissues. It is easy to conceive that adhesions forming about the nerve may interfere with its functions and with its circulation, and that benefit may result by rupturing these adhesions. The operation mentioned cannot do any harm and should be tried in all cases.

*Dr. Chambers* observed that a little anæsthesia follows, showing that a certain amount of stretching of the nerve itself takes place.

*Dr. Miles* said he did not mean that the nerve was not itself stretched, but that the benefit was rather due to the effect produced upon the surrounding tissues.

EXCISION OF COCCYX FOR COCCYODYNIA.—*Dr. B. Bernard Browne* reported the following case and exhibited the specimens of the portions of bone which had been removed: Mrs. S., aged 35, widow, mother of two children, was referred to him by Dr. J. E. Gibbons, complaining of severe pain in the region

of the coccyx, extending down the right thigh. This pain had gradually been increasing for the past three years. It commenced soon after a fall upon the sacrum and coccyx. It was most severe in sitting down and rising. She was obliged to sit on one hip with only one side resting on the edge of the chair.

Upon examination the coccyx was tender to the touch and was bent inwards and upwards. Iodine, blisters, etc., were at first directed for her, but as the pain did not abate, excision of the bone was determined on.

An incision was made over the coccyx, the bone laid bare by the severance of its attachments. It was then discovered that the end of the bone was completely doubled over and rested parallel with the preceding section.

The sacro-coccygeal articulation was completely ankylosed, and it was impossible to disarticulate it. It was cut into with the bone forceps and elevated by the finger in the rectum. The operation gave relief to the coccydynia, although she continued to suffer with a prolapsed and enlarged ovary.

SPECIMEN OF CANCER OF OESOPHAGUS.—*Dr. Chambers* exhibited a specimen of epithelial cancer of the oesophagus, obtained post-mortem from a gentleman, æt. 53. It extended from about 1-1½ inches above the cardiac orifice upward 3-3½ inches. The tube was not markedly dilated above the growth. There were no metastatic growths to be found elsewhere. The case had not been under his observation, but he learned from the physician and family that the former had diagnosed, six months before death, cancer of the stomach and amyloid degeneration of the liver. The latter was found upon post-mortem examination. The diagnosis of cancer was based upon the tenderness, dyspepsia and constant boring pain. There was no regurgitation. Death was apparently due to exhaustion—the patient was very much emaciated. He doubted whether a differential diagnosis could be made between such a case and cancer involving the cardiac extremity of the stomach.

*Dr. Councilman* said 90 odd per cent. of cases of cesophageal cancer occur in men. The reason of this is not apparent. Sometimes the growth may be so small as not to give rise to symptoms during

life. He recollected one case particularly, in which carcinoma of the liver was diagnosed. On *post-mortem* this was found to be the case, the growth being of the epithelial variety. After long investigation a carcinoma of the œsophagus was detected.

AN EASY METHOD OF EXTIRPATING SMALL TUMORS AND ULCERS.—*Dr. C. Johnston* spoke of such a method, very simple, but affording extremely good results. Warts sometimes lead to malignant growths. These and other local affections, as ulcers and skin cancers, may require removal on account of their nature or because of the disfigurement they occasion. Here swiftness and certainty are needed. The knife is objectionable, because it makes a ragged edge and sometimes penetrates too deeply. *Dr. J.* employs a circular gun wad-cutter, of which there are various sizes. This acts as a trephine and makes a smooth and clean circular incision. The margins can be approximated by silver-wire suture, or can be simply treated with carbolyzed oil and prepared cotton; the latter was most frequently employed by *Dr. J.* In performing the operation the cutting edge of the instrument is applied over the morbid growth and a half-turn of it is made, followed by another half-turn. A tenaculum is now applied to the still-attached button of tissue, which being lifted, is removed by one horizontal sweep of a knife. When upon the cheek a finger should be inserted into the mouth for the support of the tissues while the trephine is being used. The operation requires an anæsthetic, as chloroform, or bromide of ethyl as used by *Dr. Chisolm*, or local anæsthesia by ether or ice.

*Dr. I. E. Atkinson* asked whether so large a scar was not very disfiguring. He has for some years been using the milder caustics, especially nitrate of silver. In the treatment of such affections as epithelioma, he is more and more satisfied with this method. He has now under observation cases thus operated on four or five years ago, and exhibiting very little scar. The dermal curette is first applied and as much of the morbid tissue scraped away as possible. Then the nitrate silver stick is thrust deeply into the part, and with this he bores away, knowing that he can destroy only the heterologous

tissue, unless very great force be employed. A small scar is left, and the results are permanent and everything that can be wished for. Swiftness is not, however, a feature of this method, which is painful and requires an anæsthetic. It is useless in syphilitic ulcers.

*Dr. Johnston*, in reply to a question, stated that two kinds of cicatrix resulted from the operation proposed by him, one linear, if sutures be used, the other circular; the latter is about  $\frac{1}{4}$  the diameter of the wad-cutter employed.

CASE OF PRIMARY NASAL DIPHTHERIA.—*Dr. Bermann* reported a case of diphtheria at present under his care which he thought illustrated very clearly the difference between diphtheria and croup. The patient is a young man of about 20 years, who had been suffering from a supposed diphtheritic sore throat. The cervical glands were of stony hardness and there was great infiltration and swelling of the surrounding cellular tissue, so that the neck was even with the jaw. The uvula was swollen and œdematous, but there was no membrane visible in the fauces. *Dr. B.* was then about to make up his mind that it was not diphtheria, when upon examining the nares he found them completely blocked with thick membrane, very difficult to remove, and only removable with forceps. With these he removed a piece of membrane from the surface of the turbinated bone as large as a lima bean. He made the point that here was a case of undoubted diphtheritic exudation in the nares; had anyone ever seen a croupous exudation in this locality?

*Dr. I. E. Atkinson* knows no difference between the membranes except one of degree. Is very much disposed to regard the two affections as identical. True, well-marked cases are easily distinguishable, but there are all gradations between them. He related the following case: Was called to see a child with ordinary membranous croup. He gave mercury internally and had mercurial ointment applied externally to the throat. The child got rid of the croup in three days. Then faucial diphtheria set in. There was no albuminuria. Now if the first phase alone of this attack had occurred, the case would have been called one of croup; but if the second, diphtheria. But



how are we to distinguish between the two phases?

*Dr. Bermann* replied there was a difference in the degree of toughness of the membrane. He had never seen a croupous membrane which he could not pull to pieces. In the case related, when the membrane was removed, the mucous membrane beneath seemed intact (except that it looked macerated), and did not bleed. Can we call it croup of the nares?

*Dr. Councilman* said that in both cases, before we can have an exudation, there is entire necrosis of the epithelium.

*Dr. Mackenzie* said when we have to deal with primary nasal diphtheria the end is generally near at hand, and the prognosis is consequently bad.

PIECE OF EARRING LODGED IN THE EAR—REMOVED BY HAIRPIN BENT AT EXTREMITY.—*The President* exhibited a portion of an earring, made of glass and in imitation of diamond, removed from the ear of a child aged one year. When called to the case the mother stated that a piece of her earring had gotten into the child's ear. Several attempts had already been made to remove the foreign body, but they only served to push it still further in, and there was some bleeding. The ear was syringed out freely, but no foreign substance came nor could any be seen, and he was disposed to say there was none in the ear. Hitherto he had been examining by daylight. He now used an argand burner and got a reflection of the intruder. An anæsthetic was then given, when upon examination the material was found to be resting upon the drum membrane. The difficulty was to get it back through the middle and narrow part of the meatus. For such purpose he never uses a forceps, but employs a probe made of a fine English hairpin, flattened and slightly bent. With this instrument he succeeded in gradually drawing the glass out. He did not think he could have succeeded with the forceps. The membrane seemed to be intact.

ANATOMICAL CHARACTERISTICS OF TUBERCLE.—This was the title of a paper read by *Dr. Councilman* (and published in our last issue).

DR. FORMAD INVITED TO ADDRESS THE SOCIETY.—The Executive Committee was directed to invite *Dr. Formad*, of

Philadelphia, to address the Society upon the subject of tuberculosis.

STATED MEETING HELD JAN. 5, 1883.

The Society was called to order at 8.30 P. M., by the President, *Dr. Theobald*. *Dr. Whitfield Winsey* was elected to membership.

OBSERVATIONS UPON MAMMARY TUMORS, BASED ON AN ANALYSIS OF THIRTY CASES IN PRACTICE.—*Dr. Tiffany* read a paper on this subject, which appears in full in the present issue.

SPECIMEN OF MEDULLARY SARCOMA OF THE FOOT.—*Dr. Schæffer* exhibited the specimen, the history of which is as follows: A colored woman, aged 23, living in Calvert Co., Md., in good health previously, except that she suffered from dysmenorrhœa, first noticed a little swelling under her second toe. Three weeks later the skin over the swelling began to crack open, and there was a good deal of itching and burning. Fluctuation was detected by the physician in attendance, who incised it, under the impression that it was a bone felon. The next day a fungous mass protruded through the incision, which was sensitive and painful, and bled readily. The inguinal glands became enlarged. December 21st she came to the city and placed herself under *Dr. S.*'s care—no swollen inguinal glands could then be felt. The toe was removed by disarticulating at the metatarso-phalangeal joint. The stump was dressed with dry borated cotton. Healing took place, partly by first intention, partly by granulation. The patient was able to return home yesterday. (The microscopical examination of the tumor, which is black and fungous looking, and about the size of a hickory nut, is still in progress.)

SPECIMEN OF ABSCESS OF BRAIN AND CIRCUMSCRIBED NECROSIS OF THE SKULL.—*Dr. Councilman* exhibited specimens of the vertex of a skull, the brain and part of the skin of the upper part of the face, having the following history: A sailor was brought into the University of Maryland Hospital in a comatose condition. All that could be learned in explanation of his condition was, that, one week before, he had lain down and had not since spoken. The man never recovered consciousness but

died 20 hours after his admission. On *post-mortem* examination, the only lesions to be found were large ecthymatous pustule on the left eyebrow, and a similar one on the scalp over the parietal region. Immediately beneath the latter a circumscribed necrosis of the bone was found, establishing a communication between the pustule and the interior of the skull, and the dura mater was adherent to the bone at this point only. On raising the calvarium, there was a gush of pus from a round hole in the dura mater, which corresponded to the external lesion. Between the dura mater and pia mater from two to three ounces of pus were found. Two or three extremely small gummata were found in the liver. The inguinal glands were enlarged, the follicles in the pharynx were also very much enlarged, and there was considerable pharyngitis, but there was no scar to be found on the genitalia, nor other evidences of syphilis elsewhere.

*The President* called to mind a case once treated by his grandfather, the late Professor N. R. Smith. A gentleman from Virginia, advanced in years, had a small pustulous opening over the parietal bone which had penetrated the bone and scalp. For some years there had been a purulent discharge from this fistula, and there was evidently an abscess beneath. There had been some slight head symptoms and difficulty of performing mental work. Dr. S. applied a trephine over the opening in the skull, and bored away to a tremendous depth—at one point the skull was about  $\frac{1}{4}$ th inch thick. Two ounces of pus were removed. The parts afterwards healed, the discharge ceased and the patient recovered.

SPECIMENS OF FIBROUS EPULIS AND BURSA PATELLÆ FROM HOUSEMAID'S KNEE—BOTH REMOVED BY OPERATION.—*Dr. R. Winslow* exhibited specimens of—

1. Fibrous epulis, having the following history: Eliza, colored, middle-aged, entered University Hospital July 10th, 1882. Has a tumor projecting from alveolus of lower jaw on right side. Growth of 5 years duration; painless, dense. Spheroidal in shape, arising from buccal surface of alveolar process. No glandular enlargement. Diagnosis: Fi-

brous epulis. July 13th, tumor, 3 incisor and 1 canine teeth, and the remains of the alveolar process, removed without external incision. Several vessels required ligation. Wound touched with chloride of zinc solution, gr. 40 to the ounce; then powdered with oakum and stuffed with oakum. Patient did well and left hospital August 3d.

2. Housemaid's Knee and Lipoma: Rachel, admitted July 29th. Lipoma of right buttock weighing about 1 lb., and a semi-solid bursa patellæ or housemaid's knee of left leg. Excised lipomatous tumor and enucleated the bursa. The bursa was very tense and hard, with thick walls, and a small cavity containing serum and fatty substance. Patient did well and left hospital in two weeks.

About same time a man, a carpenter by occupation, presented himself at the surgical clinic whilst Dr. R. was temporarily in charge, with a beautiful thin-walled housemaid's knee, filled with serum, fluctuating and translucent, exhibiting a marked contrast to the thick fibrous degeneration of the other case. As he would not consent to lay up, a radical treatment was not adopted, but the fluid was withdrawn by a trocar and canula, and pressure applied over the knee. This was of no avail, and he returned one week later with the bursa as tense as ever. Of course the proper treatment would have been the injection of some agent which would set up enough inflammation in the cyst to cause the adhesion of its walls and the obliteration of its cavity.

Dr. Erich was announced to open the discussion at the next meeting, and Dr. Mackenzie at the meeting following that.

## BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD DEC. 19, 1882.

(Specially reported for *Maryland Med. Journ.*.)

JAS. CAREY THOMAS, M. D., President, in the Chair.

CASES OF ENDOMETRIAL SARCOMA, OVARIOTOMY AND HYSTERECTOMY, WITH SPECIMENS, reported by *Dr. H. P. C. Wilson, Jr.*

Case 1.—Endometrial Sarcoma. The patient was aged forty-two and had



suffered from hemorrhages for two years, which had rendered her extremely anæmic. A diffused endometrial sarcoma was diagnosed. After dilatation of the cervical canal by laminaria tent, followed by sponge tent covered with gold-beater's skin, a curette was passed into the uterine cavity and a handful of this matter raked out. The uterus was then mopped out with carbolic acid, full strength, followed by applications of iodine and carbolic acid. There is a strong tendency to a recurrence in these cases.

*Case 2.*—This case, one of ovariectomy, is reported elsewhere in full.

*Case 3.*—Hysterectomy. A white woman, aged thirty-six, the mother of ten children, the youngest now two years old. Has had one miscarriage. About three years ago she had a pain in her right groin, and shortly after a swelling, which has been steadily increasing since. Has menstruated but twice since the birth of last child, being perfectly regular before. The patient, who lived in Baltimore, came to consult him Oct. 10, 1882. Upon examination an irregular nodulated tumor was found extending up under the liver on the right and a little above the umbilicus on the left. Indistinct fluctuation was felt on the right side. Umbilicus protuberant; veins on abdominal surface enlarged. The uterine cavity was four and three-quarter inches in depth. Sound shows the uterus displaced to right and backward; the organ is moderately movable. In doubt whether the growth was uterine or ovarian, but inclined to the latter opinion. Breathing was much interfered with, and the patient's life was rendered miserable by her condition.

The risks being explained, with the full consent of the husband, and at the urgent solicitation of the patient, the operation was performed six days ago. A dose of quinine being given at 9 or 10 A. M., and one grain of opium at 1 P. M., anæsthesia by chloroform was induced at 2 P. M., and an incision was made four inches in extent over the median line of the abdomen. A second incision went through the large veins, causing profuse hemorrhage, making it necessary to tie the veins. The arm was now passed in, when the tumor was found to have formed strong attachments to the liver, small intestines, bladder and

uterus, and could not be moved. Immense veins ran over the omentum. Deciding to proceed, the incision was prolonged to within one inch of the ensiform cartilage, and below within one inch of the os pubis. The omentum was now ligated in sections and separated, the adhesions to the liver were broken up, and the tumor was raised. It was found to be inseparably attached to the small intestine. This attachment was transfixed with a double silk ligature and severed. The bladder was so spread out over the tumor—as high as the umbilicus—and so attached that there was no line of division visible. The tumor was now raised up by means of a small rope thrown around it and was supported from the shoulders of an assistant standing in a chair. Passing a sound into the bladder and keeping it there, as a guide, this viscus was torn and dissected away from the tumor. A chain clamp, devised by Dr. Wilson, was thrown around the pedicle and tightened. Then three large needles transfixed the pedicle just without the chain clamp, on the sharp end of which a tap was screwed after transfixing, after which the tumor was cut away from its pedicle. The stump, which was now compressed, was as large as an arm. Ten carbolized silk ligatures were cut short and left in the abdominal cavity. Hemorrhage was slight and the patient stood the operation well. The stump was brought to the surface and touched with Monsel's solution. A drainage tube was put in alongside the stump. The wound was closed with silver wire sutures, and carbolized dressing used. The operation lasted two and one-half hours. The growth was a fibro-sarcoma. Both ovaries were enlarged and were removed with the tumor. Reaction came on well. The water was drawn three times daily and carbolized water injected by the drainage tube. The temperature rose on the evening of the second day to  $101\frac{1}{2}^{\circ}$ , pulse 120. There was some nausea; milk and lime-water constituted the nourishment. On third day the morning temperature was  $98\frac{1}{2}^{\circ}$ , pulse 112; evening temperature,  $102^{\circ}$ , pulse, 128. During the afternoon the patient vomited almost constantly, and had much griping pain in the stomach, due to coagulated milk,

which had been given in excess, for which twenty minims of Magendie's sol. were given hypodermatically. At night the mind wandered slightly; food was suspended by the stomach, and whiskey and beef-tea given by rectum. Carbolyzed water was injected into the abdomen, cloths saturated in same placed over the wound and the stump touched twice daily with pure carbolic acid. The morning temperature of fourth day was  $101\frac{1}{2}^{\circ}$ , pulse 120. Pedicle offensive. A one per cent. sol. of warm carbolyzed water was injected into the abdomen, and came away as pure as it entered. Septicæmia well marked. No peritonitis; no tympanites. Fifth day, nausea and griping continue; distinctly sweet breath noticed on approaching bed. Tongue dry. Drainage tube removed; very offensive smell at under part of pedicle. A gum catheter was passed into the abdomen and carbolyzed water freely injected. Twenty grains of quinine were given hypodermatically; also Magendie's solution of morphia. Death took place on the fifth day, four days after the operation, the mind being clear to the end. The incision had united by first intention, except at the site of the drainage tube.

**NEGATIVE EFFECT OF VACCINATION ON FÆTUS.**—*Dr. Powell* reported the case of a lady in the eighth month of pregnancy, whom he vaccinated successfully. Since her confinement her child has been vaccinated and has had a typical crust and scar, showing the absence of any protective influence from the mother's vaccination.

**MISCELLANEOUS.**—On motion of *Dr. McKew*, the specimen of uterine fungosities shown by *Dr. Wilson* was referred to *Dr. Councilman* for microscopic examination and report.

"The statement of Schmidt that the bacillus (tuberculosis) is only a fat crystal shows that he was dealing with pseudo-structures and not bacilli at all. The fat-crystal theory entirely ignores all culture and inoculation experiments in a way that is not creditable to the amenities of science, and hence does not merit notice. Moreover, fat crystals do not hold aniline dyes after immersion in nitric acid."—*J. T. Whittaker, Cincinnati.*

## HOSPITAL REPORTS.

### THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

(Extracts Taken from the Annual Report for the Year 1882, Made by *Dr. J. J. Chisolm*, Surgeon-in-Charge, to the Board of Governors).

Number of individuals treated for year 1882, 3,963. Of these 3,359 were eye patients, 369 ear patients, and 235 throat cases; 3,390 were white and 573 were colored patients. These 3,963 patients made 24,436 visits to the Free Dispensary, an average of 6 visits for each patient. The largest number treated on any one day was 139, and there was an average of 75 applicants for professional treatment for each day of the past year. During the five years that the Hospital has been in operation, 14,117 patients have been treated; and there has been an average daily attendance of 101.48. Three hundred and ten patients were taken into the Hospital wards and were kept 2,846 days, an average of  $8\frac{1}{2}$  days for each Hospital inmate. Of the various diseases of the eye treated during the year, 467 were affections of the lids, 153 of the muscles of the eye, 132 of the lachrymal apparatus, 889 of the conjunctiva, 681 of the cornea, 291 of the iris, 132 of the choroid, 103 of the retina, 243 were cataract cases, and 371 were cases in which there were errors of refraction. Number of operations performed during the year, 877, of which 78 were for cataract, 48 were iridectomies, 141 operations on the cornea, 147 on the lids, 109 upon the lachrymal apparatus, 31 were enucleations of the eye and 4 were optico-ciliary neurotomies. There were also 99 crossed eyes in children operated upon, making in all 692 operations on the eye. There were 172 operations on the ear and 13 on the throat.

During the five years that this Charity Hospital has been in existence the number of operations performed for the relief of poor applicants has been 3,178. Of this number, 296 were for cataract, 480 for squint, 381 for tear drop, 142 were iridectomies, 102 enucleations of lost and painful eyes, 84 removals of pterygium, 18 optico-ciliary neurotomies, and 524 were operations on the lids.



From this very large list it is readily seen what great advantage students have for the study of diseases of the eye in Baltimore. The Presbyterian Eye, Ear and Throat Charity Hospital is open to any one who desires to follow the clinics, which are held daily at the Hospital from 1 to 4 o'clock.

## CORRESPONDENCE.

### OUR SPECIAL CORRESPONDENT IN PHILADELPHIA.

The writer availed himself of the opportunity afforded by the Christmas holidays to make a brief visit to Philadelphia and New York, for the purpose of visiting the medical colleges and hospitals of those cities, and as he saw much to interest and instruct in both places, it may not be amiss to lay before your readers some of the facts which made most impression upon his mind. Philadelphia being the nearest city, was first visited, and as Jefferson Medical College is at present most unfortunately prominent, your correspondent turned his footsteps towards this well-known institution soon after his arrival in the city. The college is situated at Fourth and Sansom Streets, and has been much improved in appearance since my last visit, nine years ago. This beneficial change was found to be even greater within the building than upon the outside. There are two spacious lecture-rooms capable of seating nearly 700 students, one being a long room in which all the students face the lecturer; the other, the conventional anatomical amphitheatre. Besides the regular lecture halls, there are several laboratories devoted to special subjects. The writer had the pleasure of inspecting Prof. Bartholow's pharmaceutical laboratory, in which students are required to become practically familiar with the appearance and nature of drugs, their physiological action, and the manner of compounding prescriptions.

The dissecting room is situated at the top of the building and contains forty tables, which were well filled, but it has never yet been my fortune to see such a wretched lot of subjects. Black seemed to be the most fashionable color, and to add to their hideousness the hair and beard were allowed to remain. It may be that I visited the institution at an inopportune time, but the subjects seemed to have been badly prepared, the tissues of most of them being discolored, and in some instances almost indistinguishable one from another. Many of them presented evidences of long soaking in pickle. I suppose chloride of zinc is the preservative chiefly used. The arteries are colored with aniline, which imparts a purple hue to them, and plaster of Paris is the hardening agent used. Chloride of zinc cannot compare with arsenic as a preservative agent, when the body is to be kept for a comparatively short time, as it discolors the tissues and rapidly takes the edge off the knives of the dissector, whilst arsenic preserves the normal color of the parts, does not injure the knives, and for ordinary use is equally as good an antiseptic and preservative.

Dr. W. S. Forbes, the Demonstrator of Anatomy, is at present under \$5,000 bail for complicity in the recent grave robberies at Lebanon Cemetery. Much sympathy is felt for him by the medical profession and hopes are expressed that he may be able to prove his ignorance of the matter. One peculiarity of Jefferson is that the demonstrator delivers a full course of lectures upon anatomy very similar in scope to those delivered by the Professor of Anatomy, differing chiefly in the fact (if I may believe the student who told me) that those of the demonstrator were rather more practical.

The hospital is situated immediately in the rear of the college, and although small, compares favorably with any

similar institution of which I have knowledge. Externally it is a rather plain brick building, but within is found every convenience as well as considerable beauty of ornamentation. A steam elevator enables patients to be carried easily and rapidly from one floor to another, besides being a great convenience to the physicians and surgeons in going their rounds.

The wards are large, cheerful and airy. A rather odd spectacle for a Southerner was the indiscriminate mingling of all races and colors in the public wards. In some of the wards of this hospital there are specially endowed beds, a tablet being placed at the head of every such bed, bearing the name of the benefactor. Amongst other names I noticed that of Jos. Pancoast. The amount of endowment of each bed is \$5,000. This provision struck the writer as being especially commendable, as it offers an opportunity to those whose means do not allow of great gifts, to devote a moderate sum to a worthy object.

In one of the wards, Profs. W. H. Pancoast and Samuel D. Gross were holding a consultation over a case of popliteal aneurism, in which sloughing had taken place, apparently from the pressure of the Esmarch's bandage, which had been applied as a curative agent. Nothing remained to be done but to amputate the limb through the thigh. The writer will long hold in pleasant remembrance the cordial reception accorded him by these distinguished surgeons.

I noticed an interesting case of fracture of the patella in this hospital. The right knee-cap had been recently fractured, and had been treated with Malgaigne's hooks, a good result taking place. The left patella was also the seat of an old fracture, in which the fragments were widely separated, not even united by fibrous tissue, as far as I could judge.

Separated from Jefferson College by a

small street is the Pennsylvania School of Anatomy, a private institution under the direction of Dr. Janney, the coroner of the city. In this building is a small anatomical theatre and two rooms devoted respectively to dissecting and to operative surgery. It will be remembered that the recent unpleasantness at Jefferson is ascribed by the *Medical News* to the persistent refusal of the coroner to comply with the law regarding the distribution of unclaimed bodies. I found several gentlemen dissecting, and upon inquiring of one who was a student at Jefferson why he preferred to dissect there to doing so at his own college, he replied, "Because the supply of material is better."

The University of Pennsylvania was next visited. All the various departments of this University are located in West Philadelphia near the Philadelphia Alms-house Hospital. The buildings, which are of great architectural beauty, are constructed of serpentine stone, and are enclosed by spacious grounds. The hall of the Medical Department is a handsome structure, and is admirably adapted to its purposes. Within its walls are several fine lecture-rooms and laboratories, a good library for the students, and the large and valuable Horner and Wistar and Geo. B. Wood museums. Many hours could be spent with profit in viewing the numerous normal and pathological preparations contained in these collections.

Whilst walking at random in the corridors of this building a young man noticing that I was a stranger approached and courteously offered to pilot me to the museum. This gentleman subsequently announced his name—Dr. H. F. Formad. He kindly took me to his pathological laboratory, a large, well-lighted and heated room at the top of the building. Dr. Formad is Pathologist to the Philadelphia, University and Presbyterian Hospitals, hence is able to obtain con-



stantly an abundant supply of fresh pathological material. He showed me an unique specimen which he had removed only three days previously, and which he remarked had never, as far as he knew, been observed before. The person from whom it was taken was at one time a patient of Dr. F., and although he no longer is engaged in practice he had never lost sight of the man. Briefly, the history of the case is as follows: About five years ago the patient, who was a healthy, robust young man, whilst stretching himself with his arms elevated, was tickled by his wife, which caused him to give a "hard" laugh. He immediately felt a sensation of something giving way, and fell to the floor, suffering intense pain about the epigastrium. A diagnosis was not arrived at, and although he lived five years he never regained his health. At the end of that time he died of obstruction of the bowels. A *post-mortem* examination was obtained, and a large portion of the large intestine and of the great omentum was found to have passed through the diaphragm at the oesophageal opening and to occupy the pleural cavity, the lung being compressed into a small mass at the apex of the thorax, and entirely unable to perform its functions. During life the chest walls of the affected side were unduly prominent.

Apropos of the present controversy in regard to the bacillus tuberculosis, I inquired of Dr. Formad what he thought of Dr. Schmidt's opinion that the so-called bacillus was a fat crystal, and could be caused to disappear by means of ether. He said: "Dr. Schmidt is mistaken. We can isolate and cultivate the bacillus, which we could not do if it was a fat crystal." He further remarked: "The bacillus is undoubtedly a distinct germ, but it is not distinctive of tuberculosis, as it is found in other affections."

A short distance from the medical hall is another ornamental structure,

the lower floor of which is the Dental Infirmary, the upper stories being devoted to chemical laboratories, and to the dissecting room. This dissecting room, which is the largest and best arranged of any that I have ever seen, contains about fifty tables, which were pretty well filled, notwithstanding the fact that my visit was during the holidays, when most of the students were away. The subjects were in marked contrast to those seen at Jefferson; all of them appearing to be fresh and well-preserved, although the tissues of most of them were discolored by the chloride of zinc injection. In some, however, the muscles were beautifully shown and were of their normal appearance. These had been prepared by a different process, the nature of which I did not ascertain. My attention was soon drawn to two gentlemen who were endeavoring to ascertain the best place at which to stretch the facial nerve; and after numerous dissections they decided that the most advantageous point was just in front of the parotid gland, where the nerve passes over the ramus of the jaw. These gentlemen were Drs. Wm. Hunt and Chas. K. Mills, both of whom are well-known in their respective departments—surgery and nervous diseases. I learned the operation was contemplated for the relief of a case of facial spasm, which had resisted all other treatment.

A description of the medical department of the University of Pennsylvania would be incomplete without reference to the excellent hospital which is in close proximity to the college. I judged the University Hospital to contain about 100 beds. The main wards are clean, cheerful and free from odor, but a trifle crowded. A smaller ward, endowed by Peter Hahn, contained only eight beds, which number, by the terms of endowment, cannot be exceeded. Fortunate is the patient whom good luck places in this beautiful ward. Dr. Sheppard,

the medical interne, informed me that more major surgery was performed in this hospital than in any other institution in the city. Listerism is not employed, except by Dr. Goodell in abdominal sections. Prof. Ashurst generally dresses wounds with undiluted laudanum, as he thinks the local anodyne effect is of great value. I was not fortunate enough to be present at any of the clinics.

One appliance of great value is to be found in most Philadelphia hospitals, viz.: Morton's ward carriage, which is a light truck, bearing all the articles needed in surgical dressings. One marked advantage is that it conveys a tank and heating apparatus, so that hot and cold water may be obtained whenever needed. The tank is provided with a long rubber tube, by means of which a wound may be thoroughly cleansed without the interposition of sponges, and without the necessity of handling the part; a great advantage, especially where the surgeon must pass rapidly from one patient to another.

My letter is already unduly lengthy, hence I must omit many other points of interest which I would gladly relate.

R. W.

## REVIEWS, BOOKS & PAMPHLETS.

*A System of Human Anatomy, Including its Medical and Surgical Relations.* By HARRISON ALLEN, M. D., Professor of Physiology in the University of Pennsylvania, etc., etc. H. C. Lea's Son & Co. Phila.: 1882.

This work appears in six sections, two of which, viz., Section 1, on Histology, and Section 2, on Bones and Joints, have been received. The author proposes to "present the facts of human anatomy in the manner best suited to the requirements of the student and practitioner of medicine," and avers "that such a book is needed inasmuch as no treatise, as far he

knows, contains in addition to text descriptive of the subject, a systematic presentation of such anatomical facts as can be applied to practice." He proposes to avoid the faults of the scientist and the surgeon and produce a book which will combine the virtues of both.

The form of the work is certainly very creditable. Each section is printed on fine white paper, in clear, bold type, bound strongly in paper cover, and contained in a convenient portfolio, from which it can be readily removed for use.

Section 1 is written by Dr. E. O. Shakespeare. While not as full as Quain and some others, it is a good practical presentation of the facts of human histology. The style is direct, clear, concise and otherwise well suited to the wants of the medical student. This section is profusely illustrated. It contains twelve full page lithographic plates, all of which are well executed, besides many other smaller illustrations. It is true that we see many familiar names, as Gray, Carpenter, Stricker, Ranvier, Klein, and others appended to the illustrations as denoting the sources from which they are taken, but we are not disposed to find fault with this, as Dr. Shakespeare aims rather to teach things as they are than to demonstrate his own originality. He is, therefore, to be highly commended for the good judgment he has shown in drawing into his work the best productions of the best producers.

Section 2 is on the Bones and Joints. It is in this section that we begin to realize the promise of the author to produce a book which, while it gives a clear and accurate account of the anatomical facts, directs the attention of the student to the practical points upon which they bear. This is done also in Gray and others, and especially in the splendid work of Hyrtl on Topographical Anatomy, but Prof. Allen carries out the plan perhaps more



regularly and systematically than any other. The section is excellently prepared though not without minor faults. The author persists in the use of the term "nutritious" instead of "nutrient" artery, which seems to us a perversion of the meaning of the word. As an example of a kind of inaccuracy which sometimes creeps into the descriptions, we would cite the account of the lower jaw on page 142. The author says: "The lower jaw resembles a long bone as having compact bone without and cancellated within." As good a reason might be given for its resemblance to the parietal, the os innominatum or the patella. There are thirty full page lithographic plates, many of them containing several figures. These plates while they are generally fair are far inferior to Holden's. The positions shown in many cases are badly selected and the swirling lines on many of the figures of the cranial bones produce a confusing effect. Figs. 1, 2 and 3 of plate xvi show the occipital bone in bad positions. The supra-mastoid ridge also in fig. 6, on the same plate, is directed upwards to a degree which we have never seen in nature. The representation of the depression for Pacchionian bodies in plate xviii, fig. 2, would produce an erroneous impression on the student. In plate xx, fig. 6, the palate bone is shown in an extremely faulty position. The frontal sphenoid suture in plate xxiii corresponds neither to nature nor the author's own sphenoid as shown in plate xvii, fig. 2. In plate xxiv, fig. 3, the foramen for Jacobson's nerve is marked *aqueductus cochleæ*, and in plate xxvi, figs. 2 and 3, the position selected is so faulty that but for the names of tubercles, surfaces, etc., the bones (clavicles) would be unrecognizable. The joints are carefully described, well illustrated, and many practical points given in regard to their dislocation. We congratulate Prof. Allen on the general excellence

of his work and predict for it a more extended recognition than has been hitherto accorded American anatomical treatises.

J. E. M.

*Atlas of Gynecology and Obstetrics.*

Edited by DR. A. MARTIN, Professor of Gynecology at the University of Berlin. Complete in Fifteen Parts. Published by A. E. Wilde & Co., Cincinnati. Price \$1.00 per Part.

Encouraged by the success which attended the sale of the "Atlas of Human Anatomy," to which attention was some months ago called in this journal, the publishers have offered to the profession the above work, which consists of a series of plates illustrating the important subjects of Obstetrics and Diseases of Women. The first five parts of this atlas were noticed soon after their appearance. We have now before us the remaining ten parts, which complete the series. The work as a whole presents not a few valuable features. The illustrations are taken from the original designs of various well-known authorities upon gynecology and obstetrics, and are made to represent the anatomy, histology and pathology of the genito-urinary apparatus in the female; the relations of the uterus to surrounding organs, as also flexions, versions and malformations of the uterus; the signs and course of pregnancy; the mechanism of normal and abnormal labor; the various presentations, normal and abnormal; and, lastly, the various procedures in operative obstetrics, making a total of 475 black and 37 colored designs. For the most part these illustrations are well executed and present a tolerably accurate picture of the subjects demonstrated. Among so large a number of designs we would naturally expect to find many useful and faithful sketches of nature. This we observe to be the case. The majority of the plates possess a substantial value, and will render a good service

to the student and teacher. Not a few, however, are inferior copies of nature, are more or less indistinct, inaccurate and misleading. We refer chiefly to the plates on histology and pathology, which do not come up to the average excellence of the plates on gross anatomy, or to those illustrating obstetrical subjects.

The selections from the designs of various authors have been made with good judgment. We, however, find a few important omissions from the more recent authorities which would have added to the value of the work. Of ninety-two authors, to whom credit is given for original designs, Hodge is the only American author mentioned. Duncan, Hunter and one or two other British authorities are credited. The vast majority of the designs are drawn from the Germans, who undoubtedly excel in the art of copying normal and pathological anatomy and histological representations.

In connection with each part will be found four pages of Explanatory Text, which, whilst presenting nothing original, adds to the value of the work by reason of its clear and condensed statement of facts and handy reference.

Whilst we are not able to recognize the same urgent need for this atlas that the author and publishers have conceived, we are free to admit that it possesses an element of value to the student and teacher which may be recognized and appreciated. The work as a whole is creditable to the enterprise and to the mechanical skill of the publishers.

T. A. A.

*Electricity in Medicine and Surgery.*

By GEO. C. PITZER, M. D., Professor of the Theory and Practice of Medicine in the American Medical College of St. Louis. First Edition. Pp. 84. Illustrated. St. Louis: 1883.

This little work, intended to supply a needed want of beginners in the use of electricity as a therapeutical

agent, is written in a concise and interesting style, and contains much information of value to the student.

The section on "Electricity and Electrical Apparatus" is rather long, occupying thirty-one pages—more than one-third of the volume; though even then some of our most important manufacturers are neglected, notably Flemming, of Philadelphia, whose excellent batteries are in general use.

The chapter on Electro-therapeutics is well worded, and contains many cautions against the misuse of this powerful agent. The advice against the employment of strong electrical currents in serious brain disease is very appropriate, since many beginners are only too apt to use this agent not knowing what other measure to take. The author remarks: "I would earnestly warn the novice against the reckless use of this potent measure in serious brain troubles. While it is *the* remedy in all cases of peripheral origin, either in the form of faradization or galvanism; it will not cure or even benefit many cases of central origin. Happily the great majority are of the curable kind."

The method used of showing the treatment of special forms of disease is by illustrative cases, one that already adds a certain zest in reading, and prevents that tiresomeness which accompanies an unbroken narrative; and in addition it may be said that all the cases are excellently well chosen.

Finally, under the heading "The Wrong Current," is shown what form of electricity we should employ or not, according to the nature of the case, and the one that the greatest success may be expected from. The book though containing nothing absolutely new, yet, from its clear style of thought and condensed form will certainly find many readers.

H. J. B.

*Walsh's Physicians' Combined Call-Book and Tablet.* Seventh Edition.



*The Physician's Visiting List for 1883.*  
Phila.: P. Blakiston, Son & Co.

*Medical Record Visiting List for 1883.*  
New York: Wm. Wood & Co.

From the above-named visiting lists the physician might select any one with equal advantage. Whilst each one presents special features in its plan and arrangement they all share the merit of being useful, handy and convenient, and it becomes a mere question of taste and fancy in making a choice.

The visiting list is becoming each year more popular with the medical practitioner. It may be regarded as a necessary part of his professional armamentarium. It is not only an economizer of time and trouble in keeping a record of his visits and professional engagements, but may directly save a large percentage of his professional income by enforcing systematic and business-like habits in presenting accounts and in collecting the same.

The sooner the hard-worked physician learns to provide himself with such labor saving appliances the lighter will his burdens become.

T. A. A.

*Normale und pathologische Anatomie der Nasenhole und ihrer pneumatischen Anhang. Von Dr. E. Zuckerkandl, a. o. Professor u. Prosector der Anatomie an d. k. k. Universitat in Wien. Mit 22 Lithographirten Tafeln. Wien.: Wilhelm Braumüller. 1882. Pp. 197.*

*Normal and Pathological Anatomy of the Nasal Cavities and Their Pneumatic Appendages. By Dr. E. ZUCKERKANDL, Professor and Prosector of Anatomy in the University of Vienna. With 22 Lithographic Plates. Vienna: 1882.*

This is an anatomical study based on the examination of 300 skulls, and is a valuable contribution to the sub-

ject of which it treats. The first twenty pages are devoted to an interesting historical sketch of the various speculations which have been indulged in from time to time concerning the anatomy and physiology of the accessory cavities of the nose. The methods employed in their examination are next taken up, and the skeleton of the nasal fossae with its most common departures from the normal structure is then described in detail. Special attention is directed to the frequent conversion of the anterior end of the middle turbinated bone into a large bony bladder, described first by Santorini, and its liability to be confounded with polypus. In referring to the reversed position of the bone, where its convex surface is directed outward and its concave toward the septum, the author, we suspect, falls into an error which we will take the liberty to correct. He says: "Schon Loschgius kannte dieses abnorme Krümmungsverhalten des Seibbeins, aber an der oberen Muschel. Ich führe seine Beschreibung hier an, weil sie die auch auf die mittlere Muschel passende, veränderte Biegung so treffend charakterisirt. Er sagt: *conchæ superiores perfecte contortæ sunt, sed eo modo ut concava pars ad interiora et septum narium versus spectet.*" By the term "superior"—many of the older writers understood the middle turbinated bone—*concha superior*—and this nomenclature was in vogue among some authors as late as the early part of the present century, if we can rely upon a remark made by Jourdain in his work on Diseases of the Mouth.

This fact, therefore, taken in connection with the perfect correspondence of his description with the anomaly of the middle bone described by the author, renders it probable that Loschgius, by *conchæ superiores*, referred to the middle turbinated bones and not to the superior as stated in the text. We are thus particular be-

cause we believe this malposition of the superior turbinated bone to be rare, nor have we ever seen it mentioned in the works on anatomy which we have from time to time consulted.

From the frequent presence of the fourth turbinated bone (Santorini) the author assumes its constancy in the new-born and suggests that it disappears in after life in the development of the inner surface of the ethmoid. This view is furthermore supported by the fact that the nasal aspect of the ethmoid labyrinth in the child is always thrown into a number of grooves or furrows. In this connection we would call attention to the treatise of Blandin (*Topographical Anatomy, Am. ed., N. Y., 1834, p. 67*) where the frequent occurrence of the fourth bone is mentioned and the occasional presence of a fifth.

In his admirable description of the outer wall of the nasal passage the author clearly shows that all communication between nasal fossæ, frontal and maxillary sinuses, takes place through the ethmoid bone. Special attention is directed to the not infrequent existence of the accessory opening between the nose and maxillary sinus first described by Giralde's, and which is called in the text *ostium maxillare accessorium*. Through it inflammation of the nasal mucous membrane may readily extend into the antrum, whilst from its dependent position, lying as it does, on a lower level than the normal opening, the escape of secretion from the maxillary sinus is facilitated. The region of this accessory foramen, viz., that portion which lies between the processus uncinatus and the palate bone, and, consequently, in the partially fleshy portion of the middle meatus, is furthermore of importance as the most convenient spot for opening the antrum in those cases where it may not be necessary to perforate its lowest part. The recession of

the wall of the middle meatus and consequent stenosis of the sinus maxillaris constitutes an important deviation from the normal, which we can confirm from personal observation. The opposite condition, viz: the occasional bulging inward of the lateral wall, anteriorly in the region of the nasal duct, producing a lachrymal tumor, or posteriorly at the insertion of the bone, is also sometimes observed, and in view of its easy confusion with morbid growths of the antrum, is an anatomical fact of considerable value to the practical surgeon.

A symmetrical condition of the nasal septum, according to the observation of the author, seems to be much more common among European than among extra-European races, and the same is true of the wedge-shaped bulging of the septum, which is sometimes found running the whole length of the bone, presenting a convexity toward the occluded nostril and a corresponding concavity on the opposite side. The latter deformity, which the author states was mentioned by Haas, Henle, Köhler and others, we have found described much earlier by Morgagni (*De Sedibus et Causis Morborum XIV, 16, in fin.*) We find no reference to the multiple perforation of the perpendicular plate of the ethmoid which is not infrequently observed. Turning now to the chapters on the pathological processes in the mucous membrane, and in so doing, passing over the excellent description of the nasal fossæ in frontal section, we are told that cysts are quite frequent in the hypertrophic condition of the pharyngeal tonsil following nasal catarrh, and can even be found when that gland presents an apparently normal appearance. Nasal growths are classified as follows:

I. Hypertrophy of the mucous membrane.

II. Polypi.

- a) with narrow and
- b) with broad pedicle.



III. Small warty or larger hillock-like tumors of the external wall and borders of the hiatus semilunaris.

IV. Polypoid vegetations (Wucherungen),

- a) on the turbinated bones and
- b) on the septum.

V. Papillomata.

We consider the above division as unnecessarily complicated. Groups I, III and IV may be conveniently classed together as a part and parcel of hypertrophic nasal catarrh. The members of the first and second are identical in structure, and recent investigations in this country seem to show that the so called "polypoid vegetations" are nothing more than localized hypertrophies of the mucous membrane and turbinated corpora cavernosa of Bigelow.

The author's remarks on polypi are practical and judicious. He has never seen them growing from the nasal floor, roof, or inferior turbinated bone, but confirms the general opinion that they most frequently originate from the upper and middle turbinated bones, and corresponding meatuses. Their occasional origin in the adjacent sinuses and their consequent incomplete removal by operations through the nose, is considered in connection with the well-known tendency of these growths to repullulation, and their form is shown to depend on the anatomical nature of the surface from which they spring. The chapter on the etiology of true atrophy of the turbinated bones is the most important of those which treat of the pathological part of the subject. The author concludes, from his anatomical observations, that congenital atrophy of the turbinated bones is unknown, and that simple ozæna is a chronic hypertrophic catarrh of the nasal mucous membrane and turbinated bones. The accessory cavities are sometimes involved, sometimes not.

Synechiæ between the turbinated bones and walls of the fossæ are gen-

erally pathological in origin; only one of the five cases seen by the author representing an undoubted congenital defect. A brief account of perforation of the cartilaginous septum and cysts of the mucous membrane concludes this portion of the work. As representing the present state of our knowledge of the pathology of the nasal fossæ, it is by no means complete, nor does the author show that familiarity with the literature of the subject which he displays in other portions of his work. The chapters on the anatomy and pathology of the accessory sinuses are admirable, and reflect great credit on the powers of observation of the author. The easy vulnerability of the membrane clothing the interior of the antrum is shown in the first stages of catarrh of that sinus where hemorrhages are common, and where the injection of the mucous membrane sometimes extends through the deeper sheaths, and may even involve the dental nerves. In the latter stage of catarrhal inflammation, not only the mucous membrane, but also the deeper sheaths which act as periosteum become greatly swollen and œdematous, and the free mucous surface becomes covered with wine-colored blebs closely aggregated together, which sometimes give the appearance of hydrops of the sinus. In diphtheria of the sinus the characteristic deposit is wanting, the anatomical nature of the mucous membrane not being capable of producing it. It is characterized simply by swelling, œdema and ecchymosis, as in chronic catarrh. As a consequence of periostitis from chronic catarrh, bony plates are frequently found embedded in the membrane of the sinus, which are not connected in any way with the maxillary bones, but lie free in the sinus, and constitute the movable osteomata of Dolbeau and others. Five cases of cyst of the upper maxilla are reported, and one of ossified fibroma.

Polypi of the antrum are of three kinds: (1) typical pediculated tumors of the mucous membrane, (2) growths which are spread out, bridge-like, between the walls of the sinus, and (3) sessile hypertrophies of the mucous membrane. The author is inclined to deny the alleged identity of cysts of the mucous membrane and hydrops of the antrum, but describes an œdematous condition, the result of chronic catarrh, which better deserves the name of hydrops, and which may readily be confounded with cysts of the sinus.

The frontal sinuses may be the seat of chronic catarrh, or may contain growths and cysts. Their walls are occasionally perforated. Cysts and bony tumors of the sphenoidal sinus are rare, and the author only met with one case of polypus—a lobulated growth—which sprang from the mucous membrane of the foramen sphenoidale. Cysts are still rarer in the mucous membrane of the ethmoid labyrinth.

The text is illustrated by twenty-two lithographic plates which, for artistic beauty and faithfulness to nature, are perhaps unequalled.

Taken as a whole, the work of Zuckerkandl is instructive and original. As an exposition of the anatomy of the accessory sinuses it is superb, and is destined to hold an important place in the classical literature of the subject.

J. N. M.

## EDITORIAL.

**AMERICAN OVERWORK.**—On the eve of his departure from this country, Mr. Herbert Spencer, the prime minister of modern English philosophy, preached a lay sermon in which he called attention to one side of American life, which had particularly struck him during his stay among us. The following extracts which have all the axiomatic terseness of Solomon's proverbs, conveys an idea of sentiments:

"Work has become, with many, a passion." "The American eagerly pursuing a future good almost ignores what good the passing day offers him; and when the future good is gained he neglects that while striving for some still remote good." "In every circle I have met men who had themselves suffered from nervous collapse due to stress of business, or named friends who had either killed themselves by overwork, or had been permanently incapacitated, or had wasted long periods in endeavors to recover health." "Exclusive devotion to work has the result that amusements cease to please; and when relaxation becomes imperative, life has become dreary, from lack of its sole interest—the interest in business." "There is not that abandonment to the moment which is requisite for full enjoyment, and this abandonment is prevented by the ever-present sense of multitudinous responsibilities." "Damaged constitutions reappear in children and entail on them far more of ill than great fortunes yield them of good."

We have here a graphic picture—and one which we must recognize as truthful—of much of the struggling life around us; perhaps not so much in this community as in some others, and less applicable to us as a profession than to more strictly business and sedentary pursuits. The nature of our duties compels alternations of work and relaxation, with the additional benefit of out-of-door life.

There is one practical application for us, suggested by the words of Spencer; it is, the necessity in our professional relations of bearing in mind this fact of overworked men and women, and that we have not done all our duty when we have administered drugs—however wisely.

**MASSACHUSETTS DIPLOMA MILL.**—Recently facts were brought to light proving that there was a so-called medical college in the State of Massachusetts, known as the "Bellevue Medical College," incorporated under the laws of the State, which was disposing of its diploma to persons not only ignorant of medicine but who had never attended its instructions. An attempt has been made



to put a stop to this traffic upon the plea of using the mails for fraudulent purposes, but without success. The United States Commissioner, before whom the case was examined, discharged the defendants, with the statement that they had acted only in accordance with the law under which they had been incorporated, which places them upon the same footing with other medical colleges and makes them alone the judges of the eligibility of candidates for degrees. There was no attempt, on their part, at denial of the facts alleged. The *Boston Med. and Surg. Journal* predicts a great activity in the diploma-selling business as the result of the Commissioner's decision. Gentle reader, will it astonish you to learn that a similar condition of things is possible at any time here in Maryland?

**LONDON MEDICAL SCHOOL FOR WOMEN.**—There is an interesting letter from London, in the *Boston Med. and Surg. Journal*, of Dec 21st, giving some account of the London Medical School for Women. The origin of the school was due, as we learn, to the inability of several ladies to obtain satisfactory medical instruction in the schools previously in existence. Prof. Huxley, and Drs. Anstie and Burdon-Sanderson became patrons of the movement, which was put into operation in 1874 in an old-fashioned two-story dwelling house, with twenty-three students and a very complete corps of instructors from the London schools. Not until 1877 were hospital advantages obtained qualifying the students for examination. An agreement was then entered into by which the clinical resources of a large hospital in the vicinity of the school were secured by the payment of an annual sum of about \$3,500. In 1876 a bill was passed by Parliament enabling the nineteen British examining bodies to confer licenses or diplomas on women, and the Irish College of Physicians granted the first medical degree ever given to a woman in Great Britain and Ireland to Miss Edith Pechey. This example has since been followed by other similar bodies.

At present there are thirty students in

attendance, and the annual expenses are about \$10,000, half of which is obtained from students' fees, the remainder from subscriptions, donations and interest on investments. The writer adds: "There is here, as in America, an unquestionable demand for female physicians, and under these circumstances it appears but wise to provide thorough education for ladies who are determined to enter the profession."

This quotation seems to us to present the question of female education in its true light. Female physicians we must have, and it only remains to consider whether they shall be scientifically educated or trained in irregular and erroneous systems of practice; whether they shall go forth to preach in our homes and society the doctrines that we believe in or those that are subversive of the truth. In Boston, where the claims of women have not received recognition by the regular profession, it is said there are 100 women practising medicine, nearly all of whom are graduates of homœopathic or eclectic schools. What an immense influence these 100 women can exercise in that community!

**THE INFLUENCE OF PRIVY-VAULTS AND PITS UPON PUBLIC HEALTH.**—In the editorial columns of the *Medical News* (Jan. 6th) we find the following in reference to this subject, which to us in Baltimore is of vital interest because of the almost universal employment throughout the city of one or the other of these methods of dealing with human excreta: "The New York State Board of Health has officially declared 'That the use of privy-vaults, privy-pits, and cesspools is seriously affecting the public health, and further, 'That all excreta should be removed from the neighborhood of human dwellings, instead of being stored up near them in pits, vaults, or pools, to poison the water, earth and air.' \* \* \* Dr. E. Vallen, Professor of Hygiene at Val de Grâce, says that every one is agreed, at least in principle, upon one point, namely, that permanent cesspools, as forming a structural portion of dwelling houses, should be superseded. The question upon which there is still a difference of opinion, re-

lates to the choice in the modifications of the water-carriage system, which is to form the substitute."

With the growth of our city the evils of the privy system are constantly increasing, and Baltimore cannot long delay taking measures to get rid of the dangers to which she is exposed from this source. Perhaps, however, in view of the present unsettled state of our knowledge upon the question of city sewerage, she is wise in making haste slowly.

S. T.

**ANATOMICAL MATERIAL.**—The recent robbery of graves in Philadelphia, with which the name of the Jefferson Medical College has been so prominently connected, has given rise to the impression that there is a general scarcity of subjects in our American medical schools, as has been unquestionably the case in England during the present winter-session. This is an inference not justified by the facts, so far at least as Baltimore is concerned. We have the assurance of the Demonstrators of our two leading institutions—the University of Maryland and the College of Physicians and Surgeons—that the supply exceeds the demand, notwithstanding the inefficiency of the new anatomical bill.

**FRESH BOVINE VIRUS.**—The demand for a reliable bovine virus having greatly increased, and the facilities for supplying this demand being totally inadequate to the present necessities of the profession, arrangements have been made at the office of the MARYLAND MEDICAL JOURNAL to promptly fill all orders sent to the JOURNAL office. None but fresh and pure virus will be used in filling orders. The order should designate the name of the virus, the number of slips wanted and the character of the slip, whether quill or ivory. The regular catalogue price will be charged. A post-office order or check should accompany each order.

The JOURNAL has undertaken this arrangement in order that it may guarantee to the profession a genuine article and a prompt service.

## MISCELLANY.

**COUGHING PRODUCED BY EXCITATION OF THE LARYNGEAL MUCOUS MEMBRANE.**—For some time past *Vulpian* has been studying upon dogs the physiology of coughing. Stimulation of the laryngeal mucous surfaces by means of a sound, or of a blunt needle, or of Faradic currents, have given him results in some cases less striking than those of *Kohts*, who has published perhaps the most satisfactory review of the subject which we possess. (*Virchow's Archiv.*, lx. (1874) p. 191.).

For example, *Vulpian* has not been able to evoke paroxysms of coughing by stimulation of either the aryteno-epiglottidean or the glosso-epiglottidean folds, though he has confirmed *Konts*'s observation that excitation of the free edges of the vocal cords proper produces no coughing whatever, while coughing does follow excitation of the mucous membrane of the inter-arytenoidean space.

The pith of *Vulpian*'s work lies, however, in his discovery that within this inter-arytenoidean space not all points of the surface-membrane are equally sensitive—*i. e.* the same excitant applied to one point may produce violent coughing, and at another point may be wholly without effect. The mucous membrane of the posterior part of the space may even be rubbed hard, and usually the animal will not move, and similar negative results proceed from touching of the basilar portion of the arytenoid cartilages just in front of this indifferent posterior region.

On the contrary, when the point where the arytenoid cartilage ends and the true vocal cord begins is touched from either side a violent paroxysm of coughing results. This sensitive area appears to extend antero-posteriorly only two or three millimetres and lies rather upon the anterior terminal region of the arytenoid cartilage than upon the vocal cord itself.

Irritation of the ventricles of the larynx and of the regions above and below the glottis was without effect. The author confirms previous experimenters who have shown that irritation of the tracheal



surface by means of a sound introduced between the vocal cords, is commonly without effect.

All coughing due to mechanical or electrical irritation of the larynx was readily prevented by throwing into the veins a few centigrammes of morphine.

Vulpian points out one constant and noteworthy peculiarity in the movements of the larynx during coughing. Sudden irritation of the "sensitive area" is followed quickly by an approximation of the vocal cords and a hurried paroxysm of coughing; the lips of the glottis separate widely under the impulse of the rush of air, *then actively approximate* before finally returning to their normal position.

This double movement possibly explains the double *bruit* which is so often observed in isolated coughs in man; *i. e.* a strong *bruit* (corresponding to the hurried expulsion of air), and a feeble *bruit*, having a different timbre, which is frequently heard at the end of such an expulsion.

A microscopic study was made of the mucous membrane of the larynx about the "sensitive area," and a richer supply of nerves was detected here than elsewhere; yet special anatomical structures commensurate in importance with the physiological peculiarities of the area, were not demonstrated.

Finally, Vulpian remarks that since those violent paroxysms of coughing which occur in syphilitic or tuberculous affections of the larynx, and especially in the whooping-cough, are by some ascribed to inflammation of the mucous membrane of the inter-arytenoid folds, it would be interesting to ascertain whether or not the "sensitive area," whose irritation is of such striking physiological significance plays a *role* of similar importance in the coughing seen in these maladies.—*Archives de Physiologie*, No. 6, 1882.

W. T. S.

**CHRONIC MORPHINISM.**—*Dr. H. Obersteiner*, of Vienna, considers that the effect of opium taken habitually is to produce in the greater number of subjects a marked tendency to "alteration in their intellectual and moral life, and in not a few cases finally the point of dis-

tinct aberrations is reached. This usually consists of a depressed state with suicidal tendencies, occasionally with violent excitement and hallucinations." The writer's experience of the weaning cure has been that in the majority of cases it is a failure.

The sum of the paper is as follows:  
1. "A real and persistent result after the weaning cure is very often doubtful, or is not obtained; the cure itself may under certain conditions endanger life."

2. "In most cases the protracted use of morphia in large doses is followed by psychical alterations of a lasting nature, which may amount to decided insanity."

H. J. B.

**THERAPEUTIC EFFECTS OF HYOSCYAMINE.**—*Thomas Browne, M. D.*, Staff Surgeon, R. N., draws the following conclusions (*Brit. Med. Journ.*, Nov. 25th) from an experience with this drug in the treatment of patients with mania in the Royal Naval Hospital, Great Yarmouth, during the last two years:

1. The observations show the uncertainty of the action of hyoscyamine when given by the mouth, and the danger of large doses.

2. They also show the marked superiority of the hypodermatic method and the confidence with which in some cases its effects could be calculated on, and the dose increased or diminished in accordance with the violence of the patient.

3. In hyoscyamine we have a drug which is often capable of controlling the violence of a furious maniac, and it may be checking the torrent of rushing ideas on which he is borne along, soothing without putting him to sleep, and in these respects differing from morphia and chloral. In noisy and destructive general paralytics, the quiet air of comfort and repose following a moderate dose was such a contrast with the previous condition as to strongly impress every one with the feeling that by the introduction of hyoscyamine another valuable aid had been secured in the care and treatment of such cases.

4. No curative action can be claimed for the drug. Even in acute mania it did nothing more than moderate or

check, for a time, the violence of action, and perhaps render less vivid and overwhelming the terrifying whirlwind of delusion of the frantic patient.

The following is the author's formula: Hyoscyamine (Merck's crystalline) gr. iv; glycerine, distilled water, each  $\bar{z}$  ss; carbolic acid,  $\mathfrak{m}$  ii. Dissolve without heat. Dose,  $\mathfrak{m}$  iv to viii, given hypodermatically. This formula, as all others lacks stability, and cannot be depended on longer than a month after its preparation. C.

**COUNCILMAN ON THE LOWER ORGANISMS AND THEIR CONNECTION WITH INFECTIOUS DISEASES.**—We assume that the infectious diseases are caused by the entry of a *materies morbi* into the organism. That this *materies morbi* is a living organism in every case, appears to be proven by experiments which show that it is a substance which is insoluble and capable of increase. We know that it is a substance because it clings to inert objects and can thus be transported from one place to another or kept any length of time without losing its power; a blanket from a smallpox patient, for example, can be transported thousands of miles and then produce the disease. Chauveau's experiments with vaccine lymph, and the experiments which Davaine made with the blood of splenic fever, show that it is insoluble. Of all soluble poisons we know that their virulence decreases in a regular ratio with their dilution; on the other hand, no amount of dilution seems to take away entirely the infectious properties of the blood of animals affected with splenic fever, Davaine having succeeded in producing the disease after the blood was diluted 1 000,000 times. The disease, when produced by such diluted virus, differs not at all from that produced from the undiluted virus. That it has the power of increasing is shown from the fact, that having introduced one of the spores of the *bacillus anthracis* into the circulation of a mouse, in a few hours the whole vascular system will be filled with the bacilli. Now having an insoluble substance with this power of increasing, of growing, it must be a living organism; it is impossible for a soluble

substance in a purely chemical manner to produce its like, to increase, but if a granule multiplies indefinitely it must divide and the divided pieces must grow. In quite a number of the infectious diseases, we find either in the blood or in the pathological lesions a certain organism, and know that on inoculating animals with the tissues containing these organisms an identical disease will be produced. In order to prove that it is the organisms alone that are infectious it is necessary to isolate them completely from the tissues or fluids with which they are associated and produce the disease by inoculation of the organisms alone. This can be done by the so-called pure culture, by growing the organisms outside of the body, and transferring them from one nutrient substance to another, until we know that we have them perfectly pure. In the case of splenic fever, tuberculosis, and some other diseases this has been done, while in other diseases, although we always find a certain definite organism associated with the disease, the strict objective proof that the organism is the cause of the disease is wanting because we are not able to produce the disease on the lower animals by inoculation of the isolated organisms, nor indeed in any other way. Animals show a perfect immunity to a number of our diseases. The benefits which we have derived both in prophylaxis and therapeutics, from these additions to our knowledge are great and are daily increasing.—*Abstract of a paper read at the University Scientific Association, Nov. 1st, 1882; Johns Hopkins University Circular, Dec. 1882.*

**A NEW VAGINAL DOUCHE.**—Dr. J. B. Gerould (*Bost. Med. and Surg. Journ.*, Dec, 14) calls attention to a simple contrivance which renders the taking of a vaginal douche comparatively easy. The apparatus consists of a blanket, chair, pail of hot water, syringe, wash basin, and a board described as follows:

"The board is of one-half inch, either pine or white wood, from ten to twelve inches long, and ten inches wide, on the under side of which two strips two and



a half by twenty four inches are nailed uniting the two free ends is a short strip, which hooks over round in the chair, thus preventing slipping. A cushion tacked on the board will increase the comfort of the patient; this should be covered with some rough cloth rather than with anything smooth. The siphon syringe is the best, but by adding two feet of  $\frac{1}{4}$  inch rubber tubing to suction end of a Davidson's we get the same thing. A broom stick resting on the upper rounds of the chair and tied to the front legs makes a very good rest for the feet. The patient is to take the blanket and fold it lengthwise two or three times, and lay on the floor; two feet from one end of it is placed the chair, in which is a pail of hot water and a syringe, and between is the board (described above). An earthen wash-bowl is within easy reach. She is now to lay down with the nates well over the edge of the board; by raising herself on feet and shoulders the board can easily be hooked on round of the chair; now slip basin under the board and everything is in readiness for the injection."

T. A. A.

**RICORD'S EPITAPH.**—According to *La Presse Medicale Belge*, Ricord has had a tomb erected in the cemetery of *Pere La Chaise*, where he desires that his body shall be placed when he dies. It is marked with a letter R and is surmounted by a niche to contain his bust. He has also composed the following lines and directed them to be graven upon it:

"Aux portes de l'éternité,  
Quand j'aurai fini ma carrière,  
S'il me reste un peu de poussière  
De cette triste humanité,  
Que le tombeau seul s'en empare  
Et que de mon âme il sèpare  
Cette cause de nos douleurs!  
Car l'âme pure et sans matière  
Doit être un rayon de lumière  
Que ne troubleront plus les pleurs."

**TREATMENT OF CHANCROIDS.**—*Mr. A. G. Miller (Edinburgh Med. Journ., Nov.)* no longer cauterizes these sores,

even when phagedænic, as formerly, but dusts them with iodoform powder and keeps them dry; under this treatment they invariably heal up in a few days. Owing to its power of diffusing itself over the entire ulcer (which makes it especially useful in the female) he can be perfectly certain that if the iodoform is freely applied the disease will be thoroughly checked. Its action on phagedænic sores is even more remarkable than on ordinary ones. Twenty-four, or at most forty-eight, hours are quite sufficient to establish healthy action. He uses the powder of the crystals, blowing it upon the sore by means of a tube with a rubber bulb, the labia—if a female—being held aside by an assistant. If all the sores are not reached at once a second or third application may be required.

**EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.**—A writer in the *Louisville Med. News*, of Dec. 9th, speaks thus of the qualifications requisite in this officer: We need a man of thoroughly prompt business qualities, sound principles, clear head, and sufficient physical health to enable him to be always at his post. One who will exercise good judgment in selecting assistants to write up the progress of medicine in all its departments and properly notice the current medical literature, while he, by thorough knowledge of the practical working and proper objects of all social medical organizations, and a full, warm appreciation of what the medical profession should be, keeps an eye on the whole field, and with a liberal, kindly, but earnest editorial pen touches upon every subject of interest, prompting committees and writers, pointing out abuses, suggesting improvements and lines of investigation, and giving timely information on all points of practical working of our societies, both State and national. He should be able to see mentally and recognize equally the profession and institutions of the *whole country*, and not a narrow strip of it; should be fairly *liberally* conservative, never revolutionary, having for his sole object the *real* advancement and honor of the whole profession.

**ANNUAL MEETING OF BALTIMORE MEDICAL ASSOCIATION.**—The seventeenth annual meeting of this, the oldest of our local medical organizations, took place at the Medical Hall, No. 122 W. Fayette Street, on the evening of January 8th. The following officers were elected for the ensuing year: President, Dr. J. S. Conrad; Vice-Presidents, Drs. John Morris and W. A. B. Sellman; Rec. and Reptg. Secty., Dr. E. F. Cordell; Cor. Secty., Dr. W. E. Wiegand; Treasr., Dr. J. F. Perkins; Executive Committee, Drs. J. A. Stuart, T. A. Ashby and E. B. Price; Committee of Honor, Drs. C. H. Jones, Jno. Neff and A. Friedenwald. After the presentation of the reports of the retiring officers the meeting adjourned, and the members proceeded to Schæffer's, 19 N. Eutaw Street, to partake of the annual banquet. Twenty four gentlemen sat down to table and the rest of the evening was spent in social enjoyment. The society is in a very flourishing condition, numbering seventy-six active members.

**ATTENDANCE AT THE BALTIMORE SCHOOLS.**—The following statement is based on official information: The College of Physicians and Surgeons of Baltimore has 318 matriculates; the University of Maryland has 205 matriculates in the Medical Departments, 63 in the Dental; the Baltimore Medical College (Paca St.) has about 50; the Woman's Medical College has 18; the Maryland College of Pharmacy has 87 (49 Juniors and 38 Seniors); the Baltimore College of Dental Surgery has about 40, making about 590 medical students, about 103 Dental students, and 87 students of Pharmacy. Total engaged in the study of Medicine and its cognate branches 780.

**BROMIDE OF POTASSIUM IN DIABETES MELLITUS.**—*M. Felizet (Bull. de Therap., Sept. 15, Lond. Med. Rec., Nov.*

*15)* has communicated to the French Academy of Science the results of the treatment of diabetes mellitus by bromide of potassium. Bernard showed in 1849 that irritation of a determinate zone of the medulla oblongata in animals stimulates the glycogenic function of the liver and produces glycosuria. M. F., acting upon the hint thus given sought the cure of the disease rather by directing his therapeutics to the relief of a supposed irritation of the medulla than to a regulation of the diet alone. "Bromide of potassium, in consequence of the special sedative action which it exercises over the functions of the medulla oblongata, suppresses the effects of this irritation with a sometimes surprising rapidity; in large and continued doses it cures diabetes." He claims to have treated fifteen cases of diabetes successfully by the remedy. c.

**CONGENITAL ATRESIA OF THE LARYNX.**—*Prof. Hans Chiari* demonstrated at the Society of German Physicians in Prague, the body of a prematurely born child, which, among other rare anomalies, presented complete atresia of the larynx from the ventricular bands to the cricoid cartilage. The finest sound could not be passed through the larynx. In consequence of the atresia, the epiglottis and ary-epiglottic folds were notably imperfectly developed. Prof. Chiari was inclined to look upon the malformation as an example of the *epithelial fusion described by Roth.*—*Wiener Med. Presse, Nov. 5, 1881.* J. N. M.

**SARCOMA OF THE TONSIL CURED BY INJECTIONS OF IODOFORM.**—*Weinlechner (Wiener. Med. Presse, Oct. 29, 1882)* reports the case of a man, 60 years of age, who presented at the situation of the left tonsil a large ulcerating growth nearly the size of a lemon, and a glandular swelling under the angle of the corresponding lower jaw, about the size of an orange and



situated deep in the tissues of the neck. It was decided not to operate, and injections of iodoform in ether (1:10) were substituted at the suggestion of a colleague. Sixteen injections, of  $2\frac{1}{2}$  to 3 drops each, were made into the tonsillar growth, fourteen into the submaxillary swelling. This was June, 1881. In the beginning of the following August, after the sixth injection (within and without), the glandular intumescence had nearly disappeared, and the tonsil had become much smaller. A portion was then removed for microscopical examination, and was pronounced spindle-cell sarcoma by Professor Chiari. In December disagreeable vomiting occurred; the remaining portion of the sarcoma spread to the pharynx and hemorrhage supervened, which necessitated ligature of the common carotid. Later on the patient suffered from inflammation of the stomach and lungs, which was attributed to the iodoform. The injections were accordingly stopped, and gargles of chlorate and permanganate of potash were used in the mouth. Under this treatment the tumor got smaller, and in its place a comb-like elevation could be felt on the left wall of the pharynx, extending downward to the interval between the larynx and tongue. This disappeared by August, 1882, leaving nothing to mark the existence of the original growth, but cicatrices on the tonsil and arcus palato-glossus of that side.

J. N. M.

SOCIETY BULLETIN.—*Clin. Soc. of Md.* will meet Friday, Jan. 19th, 8 P. M.; Dr. Erich will open the discussion. Dr. Coskery will exhibit three "Specimens of Aneurism of the Aorta." *Acad. of Medicine* will meet Tuesday, Feb. 7, 8.30 P. M. *Med. Ass'n* will meet Jan. 22nd, 8.30 P. M.; Dr. Steuart will open the discussion on "The Therapeutic Value of the Hydrated of Succinate of the Peroxide of Iron." *Med. and Surg. Soc.* meets

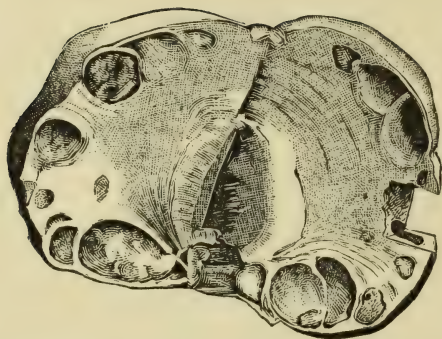
every Wednesday at 8.30 P. M. *Obstet. and Gynecol. Section, M. and C. F.* will meet Friday Jan. 26th, at 8.45 P. M.

### MEDICAL ITEMS.

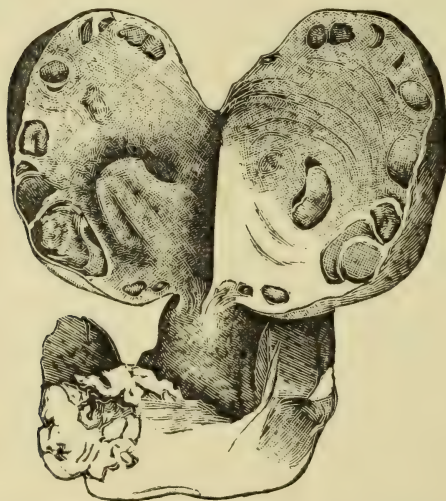
AN Obstetrical and Gynecological Society has been formed recently in Washington with Dr. Busey, President, and Drs. Joseph Taber Johnson and W. W. Johnston, Vice-Presidents. =Dr. Formad has accepted the invitation of the Clinical Society, and will read his paper on the "Etiology and Pathology of Tuberculosis," Friday, February 2nd. =Another death during chloroform anæsthesia in Baltimore. The case will be reported. =The French Minister of Agriculture has lately placed \$10,000 at the disposal of Pasteur, in order to continue his investigations upon the contagious disease of animals. =The sum realized from the recent "Hospital Saturday and Sunday" collection in Baltimore will amount to about \$2,000. =Dr. Alfred Stillé has been elected President of the Philadelphia College of Physicians, and Dr. Fordyce Barker has been re-elected President of the N. Y. Academy of Medicine. =The N. Y. Poliklinik had sixty-four students at its first session. Only legally qualified practitioners are admitted as students. =Dr. Oliver Wendell Holmes has been elected Emeritus Professor of Anatomy in Harvard University. =The appropriation for the Army Medical Museum and Library, at Washington, has been restored to the usual amount, \$10,000. =The well-known dermatologist, Hillairet, of Paris, is dead, æt. 67. =Dr. Joseph T. Smith has resigned the Chair of Anatomy in the Baltimore Med. College. Dr. Thos. Daugherty has been appointed lecturer on Physiology in the same institution, vice Dr. B. F. Leonard, resigned. =Dr. L. Duncan Bulkley has established in New York a "Skin and Ulcer Hospital," which was opened Jan. 1, 1883.







Left ovary laid open showing several small cysts; a small piece was cut from this ovary for microscopical examination.



Right ovary laid open showing cystic degeneration and  $1\frac{1}{4}$  inches of enlarged and inflamed Fallopian tube, which also contained a cyst.

# MARYLAND MEDICAL JOURNAL.

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WHOLE NO. 103.

BALTIMORE, FEBRUARY 1, 1883.

VOL. IX, No. 19.

## ORIGINAL PAPERS.

### A CASE OF BATTEY'S OPERATION, WITH REMARKS.

BY JOSEPH TABER JOHNSON, A. M., M. D.,  
OF WASHINGTON, D. C.,

Prof. Obstetrics and Diseases of Women and Children in the Medical Department of the University of Georgetown, D. C.; Gynecologist to Providence Hospital; Fellow of the American Gynecological Society; Vice-President of the Washington Obstetrical and Gynecological Society, etc., etc., etc.

*(Read before the Washington Obstetrical and Gynecological Society, in November, 1882.)*

*Mr. President and Gentlemen.—*

I propose in this paper to present the history of an interesting case of menstrual hystero-epilepsy, to describe the treatment pursued, and to give an abridged history of oöphorectomy, with remarks upon the indications for this operation, the best mode of performing it, its mortality and success, and its effects upon menstruation and sexual characteristics.

The case which forms the subject of this essay is that of Miss Susan M., whom I was requested, on the 9th of

last June to see, in consultation with Dr. James R. Riley, in South Washington.

She is an unmarried lady, twenty-nine years of age. Having had convulsions for many years, she has been unable to acquire much education, and presented the dull cast of countenance so often seen in confirmed epileptics. She is, however, in good flesh, weighing probably 140 pounds. She gave a history of fifteen years of ovarian pain and frequently occurring convulsions, which increased in number and intensity as she approached the time of each menstrual period. It had been the hope of her family and physicians that the pain and spasms, which had annoyed her before puberty, and which were greatly exaggerated during the few months preceding its establishment, would disappear as the ovarian function became regular and menstruation was free.

The first period did not make its appearance until after she was fifteen, and for several months the flow was irregular and scanty. She suffered with constant pain in the left ovary,



which became agonizing as the time for the period arrived.

The pain she always claimed was the cause of the spasms, and thought if it could be relieved, the spasms would disappear of themselves.

It was not unusual for several months to pass without her being unwell. During the first half of the past year she saw no shew whatever, but the pain was the same and the spasms grew worse. She suffered as much, was more nervous, restless, and was the victim of equally severe and longer-continued convulsions when the flow failed, as when free and copious. The pain had, until recently, centered in the left ovary; but within the past two years the right has been equally painful.

She has been under all kinds and varieties of treatment, and many different diagnoses have been made, but at no time has she received any benefit from the various schools, pathys, old women, quacks, or isms. The only temporary relief obtained was by blistering over the ovaries, large doses of anodynes or stimulants to point of intoxication.

The most general opinion held in regard to her condition was that she was a victim of epilepsy, incurable, and that the sooner she died the sooner she would be out of her misery, which could be cured in no other way.

With this history and the scared and suffering face of the patient before me, I was not long in coming to a conclusion that the cause of her pain resided in her ovaries, and as all other treatment had failed, that the only relief obtainable was in their complete removal by the operation proposed by Dr. Robert Battey and practised so successfully by Dr. Lawson Tait, of Birmingham.

I was unwilling, however, to state my opinion at once, and with the consent of Dr. Riley, temporized for several months with blisters, chloral,

morphia, the bromides in very large doses, tonics, fresh air, etc., etc. We attempted a vaginal examination, but found a firm unruptured hymen, which would only admit the passage of a No. 6 catheter. The vagina seemed of normal length and capacity, and with one finger in the rectum and catheter in bladder, the uterus was found to be natural in position, size, and free from tenderness. I attempted to rupture the hymen with my finger, but the pain produced brought on a convulsion. By persisting during the unconscious stage the muscular movements became so violent as to prevent success. While she seemed to be in an aggravated hysterical condition, there was an appearance of epilepsy about her seizures. I called her condition one of menstrual-hystero-epilepsy. Her agony was caused by an unrelieved menstrual molimen. The condition of the ovaries was such, however, that the pain was nearly as great when she freely menstruated, as when she failed to have any shew; but in the latter case the nervous perturbations were much heightened.

Her attacks would continue for hours. She might have several in one day, or one which would last from four to six hours. She would generally know they were coming, in time to select a soft spot on which to fall or lie down, but not always, as several bad scars about her face, forehead and person plainly indicated. In these respects her attacks differed from epilepsy. Some one had to be constantly with her of late years, and she thus became a great burden to herself and friends. It required the attendance of the neighbors to control her at times.

I finally suggested to the Doctor, and with his approval to the family, the removal of her ovaries as the only hope of cure. I fully explained the risks, dangers and uncertainties. Miss M. at once gave her consent, declaring any risk which presented a ray of hope

far preferable to her present state of bodily and mental anguish, and certain prospect of death in the near future. She said she would much prefer to die, to live another week unrelieved. Her family, however, were not so ready to consent. I still hoped she might be benefitted in some way by less dangerous treatment, and persisted in the use of remedies, which did no good whatever. As it was then hot weather—July—I tried to put off the operation till fall, and to satisfy her, fixed a date in October.

Her relatives corresponded, in the mean time, with other members of the family in Pennsylvania, and I wrote a history of her case from the time I first saw her, together with my diagnosis and what I proposed to do, to her family physician at home.

The following are extracts from his reply dated Shrimanstown, Pa., 24 July, 1882:

"\* \* \* I have known the case for some years, and I always believed that the cause was either uterine, or from its appendages, though most of our physicians who have treated her claim it to be epilepsy. The first time she had spasms was when quite a small girl, but from the story of the family it was caused by eating walnuts."

He then gives some history of the family, stating among other things that her mother died of cancer of the liver and bowels.

The letter closes as follows, to wit: "The operation you propose, I think would, in her case, be advisable, as she certainly can have no rest unless she has relief and that is her only hope." Signed, "W. S. BROUCKARD, M. D."

Miss M. became impatient of the delay, and as she was constantly growing worse, her relatives finally requested that if anything *could be* done, it be done quickly. We still tried to put it off till October, but they requested instant action, now that their minds were made up. I

declined to do the operation in their house, which was ill suited for the purpose, having not only street cars, but the steam cars, constantly passing the door. Besides this, they had several small children, and as it was thus impossible to secure the proper quiet and care in the house, I proposed to take her to the Providence Hospital, which is situated on a hill in a quiet part of the city, overlooking the Potomac river, and presided over by Sisters of Charity.

This they objected to for a while, under the impression that it seemed heartless to turn their sister, in her pain and distressing emergency, over to the mercies of an hospital and strange nurses.

The delay or the progress of the disease had a bad effect upon our patient. She became almost hopeless of relief, and convulsions succeeded each other in rapid succession until Saturday, the 12th of August, her brother was sent for twice on account of the supposed death of his sister. They sent for me on Sunday and withdrew all objections to the hospital, provided she would take all the responsibility upon herself. This she freely did, and I again explained the nature, risks and dangers of the operation, and that although I had never performed it, I would do the best I could to relieve her if she still wished it done. As the time drew near and the weather was hot, I would gladly have shirked the responsibility if I could consistently have done so.

She cheerfully assumed all the responsibility, said it was her wish, and if she died no one would be to blame. She would finally be out of her pain, which had made life so great a burden that she was only happy in the prospect of having it over.

It was arranged that she should go to the hospital the next day, and the operation be performed on the day following. It was thought, however,



by some of the hospital staff, that she should remain a few days and get accustomed to the change before so severe an operation. I yielded reluctantly. Monday she remained quiet, but Tuesday and Wednesday she had severe spasms, and spent most of her time in a straight-jacket. When conscious she would say, "help me! I thought the Doctor was going to help me; he said he would." The usual preparation, as for ovariectomy, was made, and the operation performed Thursday, at 1.20 P. M., *17th of August, 1882*, at the Providence Hospital, in the presence of Drs. Eliot, Bayne, Bulkley, Ashford, Riley, Norris, Elzey, Kleinschmidt and Mallan. Dr. Mallan gave sulphuric ether, Drs. Bayne, Ashford and Kleinschmidt especially assisting. All being ready, an incision two-and-a-half inches long was made in the linea alba. The abdominal wall was nearly, if not quite, two inches thick. The incision in the peritoneum was not more than two inches long. After cutting through it upon a director, two fingers of the left hand were passed into the abdominal cavity, down upon the uterus and along the Fallopian tube to the left ovary, which was easily secured between the index and middle fingers and drawn up into and through the abdominal opening. A ligature of strong braided silk, well carbolized, was passed just below the ovary and tightly secured. The ovary was enlarged to at least twice its normal size, and being in a state of cystic degeneration, I feared that it might be ruptured in the tight grasp in which it was held, in order to drag it through the incision in the abdominal wall. This stout ligature gave us a good handle by which to hold the ovary, while I transfixed the pedicle below and tied it in two sections securely.

The ovary was then cut off with the scissors, the stump not bleeding the ligatures were cut close to their

knots and the pedicle allowed to slip back into its own place. The right ovary was found and treated in the same way, except that about two inches of the tube being so attached that it was thought to be difficult to separate, and, as it was highly congested and likely to bleed in the separation, I removed it with the ovary. No hemorrhage occurred during the entire operation. She could not have lost two ounces of blood altogether. A sponge upon a holder was passed into the abdominal and pelvic cavity, and came out hardly stained. The incision was closed with four deep wire sutures and three superficial ones. The abdominal wound was dressed as after ovariectomy. The antiseptic method was carried out as thoroughly as possible. The operation lasted an hour and ten minutes from the beginning with the anæsthetic until the patient was put to bed. Operation itself, three-quarters of an hour.

After the operation the patient rallied well, and upon complaining of pain in her back and a burning pain in the line of the wound, a hypodermic of one-sixth of a grain of morphia was given. Her pulse at this time was 68°; at 9 P. M., pulse 72°, temperature not taken. One-quarter grain morphia. Complains only of back-ache and the burning pain. Water drawn every six hours, normal.

18th, 10 A. M.—Pulse 100, temperature 104°. Remained about this rate all day. Gave much pain to cough or to move; was fretful. Abdomen tender and slightly tympanitic. Loosened the bandage which had been drawn very tight, under the fear that more convulsions might occur and interfere with the wound or the sutures. She was easier after this, but insisted on turning on her left side, which was finally accomplished. She lay in this position with much comfort. Pain in the back was much relieved by this change.

8 P. M.—Pulse 106, temperature 104. Gave sponge bath of alcohol and water, and a suppository containing twenty grains quinia and one-quarter grain morphia. Had a good night. Restless early in the morning, and more morphia was given, partly with an idea of preventing a recurrence of her convulsions, which she said she felt the premonitory symptoms of; complained of no pain, skin moist, back perfectly wet and steaming hot from perspiration.

19th, 7 A. M.—Pulse 105, temperature 100°. Passed a very good day; was restless and fretful at times, asking frequently to be turned over to relieve the pain in her back.

7 P. M.—Pulse 108, temperature 102°. Another hypodermic and suppository of 20 grains quinine. Passed a good night, except in the early evening she insisted that her bowels must move; finally after many entreaties was placed upon a bed-pan, but nothing came. A copious flow of blood and bloody water came from the vagina, appearing the nurse said, like a monthly sickness.

20th, 7 A. M.—Pulse 88, temperature 100°. Looks bright and comfortable; not much pain, but gave hypodermic for fear the pain might, as before the operation, produce a spasm.

11 A. M.—Pulse 88. Made complete change of patient's clothes; also of bed. With an atomizer, carbolyzed water was sprayed into the bed. She was *not* especially fatigued by the change. Said "she was much more comfortable, and felt nice and clean once more." Wanted the bandage removed; I lifted it and examined the wound, which appeared to be perfectly healed; very little tenderness over line of incision.

Her diet up to this time had been simply milk and lime-water, one to two teaspoonsful at a time, and beef-tea, cracked ice and ice-water. She has had no nausea or vomiting since

the operation. Dr. Eliot saw her with me, and after examining the wound, said he had never seen a patient in a better condition at this stage, after an operation involving the opening of the abdominal cavity.

7 P. M.—Pulse 106, temperature 103°. Looked well, voice firm, but had burning pain in cut; ordered alcohol sponge-bath and grains xx, quiniæ sulph. by rectum. Don't like the milk, but took two cups of beef-tea during the day. Thinks she will have a comfortable night.

21st, 8½ A. M.—P. 100, T. 102°.

11 " — " 104, " 101.

7 P. M.—" 108, " 102.

22nd, 7 A. M.—" 112, " 102°.

11 " — " 104, " 101°.

7 P. M.—" 103, " 101°.

23rd, 7 A. M.—" 103, " 101°.

10 " — " 96, " 100°.

7 P. M.—" 90, " 102.

24th, 7 A. M.—" 98, " 100°.

7 P. M.—" 92, " 101°.

25th, 11 A. M.—" 96, " 99°.

7 P. M.—" 92, " 100.

26th, 11 A. M.—" 84, " 98°.

7 P. M.—" 100, " 100.

On the fifth day I removed one deep and one superficial suture; a drop of pus followed the deep suture, and for three days a most horribly smelling discharge occurred of thin, broken-down grayish pus; I feared that it came from the abdominal cavity, but patient was all the time improving. It proved to be a superficial abscess.

Upon enlarging the opening and injecting cavity with a solution of bromine all odor disappeared, and the discharge dried up. The remaining sutures were removed on the ninth day.

Wound closed by first intention. Abdominal wall was supported constantly by strips of adhesive plaster and a bandage.

A troublesome cough was one of the symptoms in her case—one of the results of the hystero-neurosis. I once carefully examined her



lungs while she was being treated for a cough, but found no lesion. Her friends feared she was developing consumption in addition to her other troubles. Her lungs seemed good, though she always breathed rapidly.

27th, 10½ A. M.—P. 98, T. 99°.

7 P. M.—“ 92, “ 99°.

28th, 9 A. M.—“ 88, “ 99°.

6 P. M.—“ 92, “ 99°.

29th, 9 A. M.—“ 88, “ 99°.

6 P. M.—“ 92, “ 99°.

30th, 12 M.—“ 84, “ 98°.

31st, 12 M.—“ 88, “ 98°.

No regular record was kept after this date. Patient contracted some bronchitis. In our efforts to keep room cool at night she took cold and was much troubled by a cough for about a week. Upon the return of the time for monthly period she became nervous, fretful, and complained of neuralgic pains in chest, bowels and back, and had several slight spasms, one lasting about fifteen minutes in the unconscious stage. It is now five months since the operation. I saw her yesterday in company with Dr. Kleinschmidt, who could scarcely believe she was the same woman he saw at the hospital. Her face has lost most of the stupid and animal look which it wore previous to the operation. Her general health and intelligence have much improved. While formerly she had an unsteady, oscillating eye, lids twitching, and her muscles more or less unsteady, she now presents a calm, dignified and cheerful demeanor, which is in marked contrast to her former condition.

At the time for her second period, while she was exceedingly nervous and somewhat hysterical, no regular convulsions occurred, but she told us yesterday that she had two spells in which she lost her senses and bit her lip on the ninth of this month, the date of her former periods.

While it is yet too early to report all the benefit which this woman will receive, I think it may be truthfully

claimed as one of the successful cases of Battey's operation.

She has, to use her own words, been rescued from a condition worse than death itself, if not from actual death. I doubt if she would have lived much longer unrelieved. She has had anywhere from 50 to 100 spasms in a month, and suffered untold agony in the ovaries, while last month she had but two spells, and has no ovarian pain. Formerly she was a burden to her family, now she is little care and of great assistance in domestic matters, and cares for the children and others in the family when sick.

While her spasms formerly lasted from one to six hours, they now last only as many minutes, and in the mean time she is bright, cheerful, smiling and very grateful. I never saw her smile before she came to the hospital. She was tormented with flying pains in various parts of her body for a while, due partly, I think, to the coolness of her room day and night—a belladonna plaster relieved pain in side, and a blister the back-ache. We were so fearful of effects of pain that many hypodermics have been given, perhaps needlessly.

Dr. Mallan thinks pains assumed at times, and spasms threatened for the purpose of procuring hypodermics of morphia. I ordered morphia reduced until simply water is given.

Patient left the hospital at the end of her fifth week; would have left a week sooner if she had had a quiet and comfortable home. But living as she did, with a large family of small children, and in an unusually noisy square, I advised her to remain until she was entirely well.

I saw her Oct. 1st; she met me at the door, smiling and cheerful. Instead of being constantly cared for, she is of much service to her sister about the house, and walks out with the young children. Dr. Mallan met her last week on Pennsylvania Ave., promenading with friends.

Examination of specimens, forty-eight hours after removal. They had been preserved in alcohol of 80 p. c.

The right ovary was  $1\frac{1}{8}$  inches in length, one inch in breadth, and  $\frac{5}{8}$  inch in thickness. The surface was of a whitish color and uneven; beneath it were more than a dozen cysts varying in size from that of a pinhead to pea, with soft cheesy contents. One and one-half inches of the Fallopian tube which remained attached to the ovary, presented hyperæmia of the peritoneal coat; the mucous folds were very marked; the tube itself was contorted more than usual.

The left ovary was  $1\frac{1}{4}$  inches in length, one inch in width and  $\frac{3}{4}$  inch in thickness; the condition similar to that of the right ovary. There was a small cyst of the broad ligament adjoining the ovary; it contained a very soft cheesy mass.

Dr. J. C. McConnell examined microscopically the contents of the cysts. The contents of the ovarian cysts presented granular débris, the only recognizable form-element being columnar epithelium. The contents of the cyst of the broad ligament presented granular débris alone without any recognizable form elements.

The cyst-wall when not stripped off, presented cylindrical epithelium.

D. S. LAMB.

*Army Med. Museum, Sept. 13, 1882.*

As is well known, Dr. Robert Battey, of Rome, Ga., was the first surgeon to perform this operation. It is claimed that Blundell suggested it in 1823, and that several previous attempts had been made, one by Hegar in '70, but the first recorded case was by our own countryman just ten years ago, in Aug., 1872. His object in his first few cases was to produce an artificial change of life, with the hope of preventing in future all the nervous and painful symptoms which accompanied each attempt at menstruation. He argued that if ovulation

was the cause of menstruation he could, by the removal of the ovaries, prevent further functional activity in those organs, thus precipitating suddenly and completely upon the patient her change of life, relieving her thereby of symptoms which, in the cases described by him, made life a burden and the prospect of death bright in comparison.

His first case was a fortunate success—fortunate for him, his patient and the future of this operation. It is probable that had his first patient succumbed to the operation he would have been denounced more than the "belly-rippers," as they were sneeringly called, who first performed ovariectomy.

Marion Sims, in a long article on Battey's operation, published in the *British Medical Journal*, in Dec. 1877, describes Battey's original case in the following language and his reasoning in regard to it:

"In 1865 Dr. Battey had under his professional care an unmarried lady, twenty-one years of age, who suffered intensely during the menstrual epoch. She had complete amenorrhœa. She could not menstruate simply because she had no uterus. Notwithstanding the absence of the uterus, each monthly effort was attended with such agony, with such vascular and nervous excitement, that she was, as it were, worn out with suffering, and she eventually died of mere nervous exhaustion. She died, as Battey thought, from the immediate effects of an unrelieved menstrual molimen. With the history of this case fresh in his mind, he began to reason thus;" these are Battey's published words:

"I have never seen or heard of a death like this in a woman after the menopause. It seems that the sufferings and unfortunate termination in the case were due to an unrelieved menstrual molimen. There can be no menstrual molimen without ovulation. There is no ovulation after the meno



pause. Cannot the menopause be produced artificially? The removal of the ovaries will of course arrest ovulation, stop the menstrual molimen, and bring about the menopause. In other words, extirpation of the ovaries will produce artificial change of life, and this will cure the patient."

Battey by this kind of logical reasoning so convinced himself of its correctness, that he resolved to carry it into effect should another similar case present itself. Soon the case appeared, and, as it is similar to mine in several particulars, at the risk of being tedious I shall give its history, partly in the words of Battey himself and partly in those of Marion Sims, condensing as much as the history of the first operation of this kind ever performed will stand.

The patient was an unmarried lady aged 30, who had been a confirmed invalid for sixteen years, or during her whole menstrual life. She suffered from almost complete amenorrhœa. Whenever the menstrual flow failed to make its appearance the menstrual molimen was very severe, accompanied by headache, suffused face, and often with epileptiform convulsions, which left her in a comatose state. During these paroxysms she had repeated attacks of pulmonary congestion followed by protracted cough. Vicarious hemorrhages repeatedly occurred from the various mucous surfaces, which frequently brought some relief.

Dr. Battey had this patient under observation and treatment for more than six years, and he exhausted the resources of his art without relieving her in the least degree. Coming to the conclusion, at last, that there was no hope of curing her, and that she must soon die, unless he could arrest the menstrual molimen, he determined to remove the ovaries with the view of bringing about the change of life. His patient readily consented to the operation, fully understanding all its

dangers. But he had no precedent for it. He then wrote to many of the leading obstetricians and gynecologists of the country, stating his views and asking their opinions on the subject; but he received no encouragement whatever from any of them. His patient was anxious, nay clamorous for the operation, and he was obliged to perform it on his own responsibility without a word of approval from any of his brethren.

In August, 1872, Dr. Battey performed the operation of extirpating both ovaries in this case by the abdominal section. The pedicles were tied with silk ligatures and dropped into the peritoneal cavity. Convalescence was somewhat prolonged, but the cure was complete. All the nervous phenomena, the convulsions and the cough, etc., etc., disappeared with the cessation of the menstrual molimen; then she rapidly gained flesh and strength and she is now in good health.

Battey in '78 had operated twelve times and Sims seven; Battey had two deaths, Sims had one. They all died of peritonitis. In Battey's cases the removal of both ovaries in no way affected sexual desire. In six cases he removed both ovaries entire; in three he removed but one. In three cases the ovaries were broken down and removed piecemeal; in all of these where but one ovary was removed, or where they were broken down, the operation was unsatisfactory and without benefit. Of Battey's twelve cases two are marked improved, four not improved, two died, and four were cured perfectly. Sims, with wonderful but characteristic frankness, says "his own results were still worse: out of seven operations one died; in one the operation was not finished; three were made worse by the operation; one was greatly improved, and but one was perfectly and permanently cured."

In reading this record Sims remarks: "One may feel surprised that I advocate the operation to-day with

more earnestness than I did at first. I do it because I now see where mistakes were made, and how they may be avoided in future. Without operative procedures these cases are all hopelessly incurable. We must improve our methods or leave them where we found them. I see no reason why the operation should not be made safe and successful. Ovariectomy was once opposed because it was unsuccessful; but now it is accepted because it is successful. Our failures will be lost to science if they do not lead to improved methods and to better results." We shall see further on in the general summing up whether Sims was correct.

Some of Battey's failures and most of Sims' were owing to the fact that but one ovary was removed and the operation was performed through the vagina. Experience showing the vaginal route to be the least dangerous to life, it was preferred to the abdominal, but in cases where the ovaries were bound down by adhesions it was impossible to remove them entirely. Battey, Sims, Thomas, Goodell and others, have had to either completely abandon the operation or to finish it by abdominal section. In Sims' analysis of Battey's and his own cases, he says: "Four of Battey's vaginal operations failed because he found the ovaries bound down by adhesions so that it was impossible to remove them entire. He was obliged to break them down with his finger, and to scratch them out with his nail, and the operations were always unsatisfactory and unsuccessful. In all of these cases if he had operated by the abdominal section instead of the vaginal, he would certainly have removed the ovaries entire, and the result in each case would have been just the reverse of what it was. In Battey's four cases cured, both ovaries were removed in their entirety. In all the failures they were removed piecemeal or only one was taken out. In all

those removed piecemeal the incision was by the vagina and the result a failure."

In the four Sims operated on by the vagina, he removed but one ovary in three cases, and they were all not only not improved, but made worse by the operation, and in the fourth case, he failed utterly to reach the ovaries because they were bound down by adhesions.

He failed completely to remove by the vaginal incision ovaries that were bound down by adhesions, and Battey has never succeeded in doing it in a single instance in a satisfactory manner, while by the abdominal incision he has succeeded perfectly in every case, even when the adhesions were extensive and well-organized. It is proper for me to say that ten of Battey's twelve cases analyzed by Sims were performed through the vagina, and that his first and eleventh cases, though the most unpromising of all, were performed by the abdominal section, and they were the most successful and the most satisfactory of all.

I have been thus minute and particular upon the best mode of performing this young and brilliant operation, and have quoted from its originator, and also from the great pioneer of gynecology in this country as the best authorities for the abdominal section—the complete removal of both ovaries, though only one at the time may seem to be the cause of the trouble for which operation is undertaken, because Goodell, Byford and Trenholm, have argued that the vagina was the safer, easier and better route, only 17 p. c. proving fatal. It is generally admitted now by most operators, and by none more readily than by \*Battey himself, that the complete removal of both ovaries by the abdominal section is the better plan.

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\*Int. Med. Congress, London.



The indications for this operation have been greatly enlarged since Battey published his paper in 1872, and Sims his in '78. It was originally performed for the relief of the painful vascular and nervous disturbances accompanying and dependent on ovulation and menstruation, for the purpose of producing immediate and complete change of life.

Thomas, in his latest edition, says "ovarian extirpation is recommended for the following conditions:

Severe dysmenorrhœa, excessive menorrhagia, insanity occurring at times of ovulation, hystero-epilepsy, excessive hemorrhage with uterine tumors, hystero-neuroses other than epilepsy of a severe character, chronic ovaritis with severe symptoms, absence of vagina or uterus, the ovaries being present."

Thomas adds, and his opinion coincides with that of most writers upon the subject, that "the difficulties, the dangers and the doubtful results of Battey's operation, render it one to be avoided until all other resources have been tried, but when these have been exhausted and death, or what is *often times worse*, a life of suffering, becomes the certain fate of the patient, it offers itself as a resource of great value."

Thomas expresses his views in a series of propositions, the third and fifth of which are as follows, in the fifth edition of his book, p. 759:

"Third.—It will even prove more difficult and dangerous than ovariectomy, because pelvic peritonitis will frequently be found to exist in cases demanding it; because the ligatures of the pedicle most often take place deep down in the pelvis; because the abdominal walls, instead of being stretched as in ovariectomy, are contracted and resisting; because the removal of the ovary often involves tearing the surrounding tissues, and because the abdominal peritoneum has not been prepared for interference by friction from a large tumor as it has been before ovariectomy."

"Fifth.—A greater degree of surgical skill is necessary for the successful performance of this operation than for ovariectomy."

Sir Spencer Wells says in his recent work on "Ovarian and Uterine Tumors," p. 469, "a word of caution is necessary to anyone about to perform it under the impression that it is very facile in execution; for it is more difficult than ordinary ovariectomy. It is not so easy to divide the peritoneum without injury to the intestines. They have a greater tendency to protrusion and cannot be replaced readily after they have protruded."

Goodell, Marion Sims, Engleman, Byford, Alexander R. Simpson, all make substantially the same statements. Engleman read a paper at the American Medical Association, in 1878, entitled "The Difficulties and Dangers of Battey's Operation," which was based on three fatal cases occurring in his practice, which closes with the following words:

"As an earnest advocate for this young operation, which we owe to Georgia's talented surgeon, our countryman, Robert Battey, I have endeavored to expose freely the difficulties and dangers connected with it, deeming this a safeguard and a guide to a more successful future. Brilliant results have already been achieved by the operation, and it fairly promises in the hands of skilful surgeons, to prove the means of relief to many a hopeless sufferer. However great the dangers, I can but again repeat"—and he quotes Battey—"that they are not out of proportion to severity of the malady and the magnitude of the results."

This remark, I presume, was called out by a paper by Dr. Mundé in which he said "if the positive benefits of the operation were as assured as its rate of recovery, the opposition to it would soon cease."

While it would be profitable per-

haps to consider the various indications for the performance of this operation I will only detain you with the discussion of a single one, viz., its prospect of affording cure or relief in cases of fibroid tumors of the uterus incurable by other means except their complete removal by laparotomy and frequently necessitating the ablation of the uterus itself.

All writers upon this subject have spoken of Battey's operation as indicated in cases of fibroid tumors, but little was done until within the past few years to prove its actual advisability in this distressing class of heretofore incurable cases, although Hegar, in Germany (Freiburg), and Trenholm in Montreal, had each "triumphantly vindicated the truth of Battey's theory" previous to '78 by three perfectly successful cases. Goodell also succeeded in one case.

This operation offers relief in sub-peritoneal and interstitial fibroids and in certain cases of the submucous variety too large to be removed through the cervix uteri, accompanied by pain and hemorrhage and incurable by other means.

The growth of these tumors, and the hemorrhage they occasion, ought to be arrested by the ligation of the vessels supplying them with blood.

Goodell, in his book, p. 268, reasons thus after speaking of the relief of other symptoms: "But about fibroid tumors of the womb there can be no doubt. The relation here between cause and effect is unmistakable. Their growth and their morbid effect are notably increased at each monthly flow and notably lessened after the climacteric. In but few other pelvic disorders can we so pointedly single out the ovaries as the hurtful organs.

"You take my life," says Shylock, "when you do take the means whereby I live." The ovaries being then pre-eminent sexual organs, and therefore the means whereby these tumors live, *a priori* reasoning

would suggest their extirpation."

Goodell says: "I am by no means sure that, when the question comes to lie between the removal of the ovaries and the enucleation of a fibroid imprisoned by an undilated os uteri the former will not be the operation of the future."

These large and growing fibroid tumors of the uterus unrelieved by other means, if they are relieved at all it must be by laparotomy, hysterectomy or enucleation through an undilated cervix.

It is an undeniable fact that many women annually meet their death from the effects of the pain, hemorrhage and various other disturbances produced by uncured fibroids. Perhaps no better method of ascertaining their safest and best mode of treatment can be pursued than by studying the most recent writings on the subject and comparing results as stated by different authors.

Dr. Gilman Kimball, the man who performed the first extirpation of the uterus for fibroid tumor, and has operated more frequently than any other man in this country for ovariectomy, says "it is not probably unjust to suppose that at least eight out of every ten such cases have proved fatal."

Dr. Thomas Keith writes that "the uterus has been removed pretty frequently in Scotland, but all the cases proved fatal with the exception of my solitary three."

Thomas gives two tables.\* In one there are recorded eighteen deaths to six recoveries. In the other, made up of operations performed in this country, there were eleven deaths to one recovery.

Goodell reports twelve cases of spaying, as he calls it, for fibroid tumor of the womb, in which there were but three fatal cases. In at least *eight* the operation was a success

\*Fourth edition, p. 520.



in its effect upon the tumor. This was in '79. This operation is so young that we must look to the latest reports for the best evidence.

Hegar, the most successful German operator, and the man who had reported the greatest number of operations up to '79, viz., 42, is quoted by a number of writers as saying that "in large abdominal fibroids this operation promised little success."

It is quite possible that this statement has prevented many operations and thus left many sufferers unrelieved, while undoubtedly patients have been granted a longer time to suffer and bleed, until finally worn out and exhausted they have parted with a life not worth the price they were compelled to pay for it.

The latest paper upon this branch of the subject was read by Mr. J. Knowsley Thornton, of London, before the American Gynecological Society, at its meeting in Boston on the 21st of last September. The title of his paper was "The Relative Value of Hysterectomy and of the Complete Removal of the Uterine Appendages for the Cure of Uterine Fibroids." After some preliminary statements and definitions he began his paper in these words: "Every one who devotes himself to gynecology knows that every year a large number of women either die as a result, directly or indirectly, of fibroid enlargement of the uterus."

"There are many also whose lives are in danger constantly from hemorrhages and other causes, and there are many more whose lives are rendered miserable on account of physical suffering, and they are so wretched and useless that they are justified in taking the risk of any operation."

The cases collected together of operation for cure of the three varieties of fibroids, fibro-cystic tumors, general fibroid enlargement of the whole or greater part of the uterine wall, in which the uterus was entirely

removed or partly cut away or cut into, may be thus stated from the following operators: Sir Spencer Wells 39 cases, with 19 recoveries; Pean 46 cases, with 30 recoveries; Billroth 25 cases, with 10 recoveries; Thornton 25 cases, with 16 recoveries; Bantock 21 cases, with 15 recoveries; Koeberlé 19 cases, with 9 recoveries; Schröder 18 cases, with 11 recoveries; Hegar and Kattenback 12 cases, with 11 recoveries; Savage 9 cases, with 6 recoveries; Thomas 7 cases, with 4 recoveries. Total 221, with 131 recoveries and 90 deaths, which gives a mortality of over 40 per cent."

Take the complete hysterectomies and Thornton says the mortality is still greater. "Very formidable" are his words, but he says: "*Thanks to American surgery* the brilliant conception of Blundell in 1823 was made a recognized surgical procedure by Battey in 1872, and from the labor of others he was able to present to the society an operation perfected, which would render the formidable character of hysterectomy still less than it had been in the past. He felt prepared to say from his own experience and that of other operators that the complete removal of the uterine appendages, when efficiently performed, cured fibroids of the uterus with a rapidity and certainty that Blundell in his most sanguine moments never dreamed of." This statement is made by a man who has performed over 400 ovariectomies and whose experience consequently in abdominal surgery is very great.

In summing up, Mr. Thornton said that the operation for complete removal of the uterine appendages for fibroids and fibro-cystic tumors of the uterus, was indicated in all cases where the surgeon's aid is required, and is the more conservative operation and less dangerous than that of supra-vaginal hysterectomy. The latter operation should be resorted to

only when the former has been tried and failed."

I have been thus particular in giving the points of this latest and most able paper, as it goes farther in advocacy of Battey's operation for the cure of fibroids than any of the text-books on gynecology, and being later than they is based on a larger experience.

I should add that Thornton has performed eight operations for the complete removal of both ovaries by the abdominal incision, all of which were successful. "In only one case was there any fever after the operation was performed."

I desire to say a few words in conclusion in reference to its mortality within the last few years and to show that the prediction of Sims—that "with the improvement of our methods, our results and mortality would improve also"—has been abundantly fulfilled; also upon its effect upon menstruation and sexual characteristics.

Agnew, in the second volume of his *Surgery*, p. 792, gives a table of cases of 171 operations since Battey's first case in '72, of which 139 recovered, 32 died. These tables lump them altogether. Many operations were performed by inexperienced men, a majority of them never operating but one, two or three times.

Dr. Savage, of Birmingham, in his *Ingleby Lectures* for 1881, says that "while Battey, from all the information which he could obtain found the mortality to be about 18 per cent., in his own practice he has had 40 complete cases with a result that *all have recovered* from the operation, and what is still better *nearly every one was cured of the disorder* for which the operation was undertaken." Page 33.

Dr. Savage writes Spencer Wells, that "he removes both ovary and Fallopian tube, and that he agrees with him that the ligation of the spermatic artery has more to do with the cessation of menstruation after the

operation than the removal of the tube itself."

Lawson Tait, of Birmingham, has operated 35 times since '79, with only one death, "and this was due he says to entirely preventable causes and ought not to have occurred." He goes on to say that "the operation is entirely justifiable by its primary success, and my belief is that my mortality as my experience grows will not be much more than one per cent." Most of Lawson Tait's operations were performed for the relief of otherwise incurable chronic ovaritis. About 300 operations have been performed.

Mr. Tait explained his peculiar views of the causation of certain pelvic diseases, in the *Brit. Med. Jour.* for 29th July, 1882. He is an original worker, and as he is at variance with the profession on this subject it may be interesting to state his views under the following heads:—(Thomas' arrangement, *American Journal Obstetrics*, January, '83, p. 84.)

1st. He assumes that the view formerly held, that laparotomy and allied operations should be postponed until absolute risk to the life of the patient render them necessary, should be abandoned; and that, in the hands of the expert, they are so far from dangerous, as to be justifiable even, when life is not jeopardized by disease.

2nd. That the usually accepted doctrine that menstruation depends upon ovulation is entirely erroneous.

3. That the ovaries have nothing whatever to do with menstruation, and that this phenomenon is dependent on the Fallopian tubes.

4. That many of the bad cases of abnormal menstruation are relievably by extirpation of the ovaries and tubes.

5. That in chronic ovarian disease, the Fallopian tubes are chiefly at fault,

6. That the mortality has only been one in his last thirty-five operations; and that this slight loss of life was susceptible of diminution in future.



7. Though not stated in his paper, still insisted on in a conversation with Dr. T. A. Emmet last August, that all those cases heretofore regarded as menstrual recurrent pelvic cellulitis or peritonitis are really tubal dropsy and ovarian disease.

Tait's modification of Battey's operation consists in the removal of the Fallopian tubes as well as the ovaries. He argues that menstruation being dependent on the Fallopian tubes for its original cause, it can only be arrested by their complete removal. He believes that tubal disease is always present in chronic ovaritis, and that the former is more important than the latter as a pathological factor in the case. The special form of the disease which he finds is tubal dropsy and cystic degeneration, the cysts frequently containing pus.

Tait has operated for the removal of the tubes and ovaries 75 times with six deaths—of the last 61 there were only 3 deaths, and out of 35 operations for pure chronic ovaritis with tubal dropsy there had been only one death.

With reference to the effect of this operation on menstruation, "it is curious enough that out of 132 cases where this condition had been noted, 15 women continued their monthly periods with uninterrupted regularity and 9 had regular fluxes." Writers have attempted to explain this by the suggestion that some of the ovarian tissue had been left behind, or that the patient had a third ovary. Others, and notably Lawson Tait, as we have seen above,—have claimed that the Fallopian tubes had more to do with causing menstruation than the ovaries, and that the failure to remove them along with the ovaries was the principle cause of the continuance of the monthly flow.

It has been claimed by many that this operation would unsex our women, render them muscular and masculine, change their voices, cause

beards to grow on their faces, and deprive them in various ways of their peculiar charms and graces; that it would change their tastes, lessen their domestic feelings and diminish, if not entirely quench, their maternal instincts and relations.

These fears have not been realized. "Castration of women," as Hegar calls it, "has not been ascertained to produce any further unsexing upon them than castration does upon men. In one the ability to inseminate is lost, in the other the capability of being inseminated," but according to Goodell in both the sexual feelings remain pretty much the same."

Men who have been castrated still retain the power of erection and can ejaculate a lubricating fluid. This is the only quality it possesses.

In Turkish harems "the eunuchs are not only castrated, but their external genital organs are removed, so that each man thus mutilated, has to become an adept in the use of the catheter."

The seat of sexuality in woman has been sought for with more diligence than was ever exhibited by old Diogenes in his search for an honest man, and with the same result.

The clitoris has been excised, the nymphæ have been amputated and the ovaries cut out, and still the sexual desire has remained undisturbed. Its anatomical seat has no more been located than that of the human soul.

Upon the testimony of Battey, in none of the women operated on by him was there any loss of the womanly graces, but on the contrary patients gained in flesh and became even more attractive. This statement is corroborated by Spencer Wells and Hegar. Peaslee writes: "Double ovariectomy as a rule is not followed by any loss of special characteristics of woman."

\* \* \* Three of my own patients, married and highly educated ladies, after recovery, again became splendid

examples of womanhood, enjoying the most perfect health, and retaining all their attributes of mind as well as body, and with undiminished sensory capacities in their matrimonial relations."

Atlee reports a case of "double ovariectomy, in which marriage took place after the operation, as the sexual feelings were normal."

Verneuil writes of a case that six months after the operation he found his patient with well developed breasts and decidedly fatter. She in fact seemed far more of woman than before the operation."

Kœberle declares "that the extirpation of both ovaries does not produce a single marked change in the general condition of the woman. She has simply attained the menopause abruptly."

And Goodell says that "in one of my cases the physical condition of the woman is in every way improved. She became more plump and better looking. All traces of suffering were effaced, and she is not conscious of any psychological changes. Another is just as womanly and just as womanish as she was before the operation."

## TRANSLATED PAPER.

### ON VACCINE SKIN ERUPTIONS.

BY DR. GUSTAV BEHREND, BERLIN.

Translated from the Transactions of the International Medical Congress (Seventh Session) by DR. J. EDWIN MICHAEL, BALTIMORE.

The eruptions occurring after vaccination have been heretofore so little studied and the single observations found in the literature of the subject are so few that I do not find myself able to answer absolutely all the questions which bear upon the subject by the use of my own limited material, nor can I fix definitely the final relation of these eruptions to the vaccine matter nor their position with relation to skin diseases in general. Nevertheless I hope to demonstrate to you that all previous accounts (which relate almost exclusively to the so-called *roseola vaccinica*), contain notable inaccuracies

with regard to the clinical appearance and pathological significance of these eruptions, and in the second place that they have nothing to do with the specific action of the vaccine, but like a large number of other symptomatic skin diseases possess only a general pathological importance.

Experience teaches us that after vaccination of the skin, two different sets of pathological changes can appear which have no relation with each other and differ also with regard to their clinical significance. One set of these changes, which I call *local vaccinal affections of the skin*, begin at the point of vaccination and either remain confined to its immediate neighborhood or spread out *in continuo* over larger surfaces of the body, and can even, under certain circumstances remain longer upon the body than the vaccine efflorescences themselves. To this class belong the redness and inflammatory infiltrations of the skin which surround the point of vaccination to greater or less extent, erysipelas and eczemas of all kinds. It is especially the last which may persist through months and which occupies an important place among the accusations which the opponents of vaccination are continually bringing against it.

The second set of symptoms constitute the *general eruptions* which break out suddenly with or without fever, at a distance from the point of vaccination and attack larger or smaller continuous portions of skin. These forms of eruption which I designate *general vaccinal eruptions*, and to which my communication is confined are rather rare occurrences. I have observed them only six times in the three hundred vaccinations which, in my position of public vaccine physician, I have made during the last year. To these must be added a case out of the practice of a professional friend (Dr. David) and several other cases, the number of which I cannot give accurately, as I learned of them through the mothers, and did not see them myself.

Among these exanthemata only the so called *roseola vaccinica*, a hyperæmic macular erythema, has been heretofore described. Hebra says of it, that it occurs from the third to the eighteenth day of the vaccination; that it appears



first in the neighborhood of the point of vaccination and spreads out from here step by step over larger portions of skin, and that it is to be looked upon as a lymphangitis of the skin.\* I must modify this account in important particulars. In the cases observed by me the eruption occurred acutely and symmetrically, somewhat like measles. It was best developed on the surface of the body, less on the extremities and the face remained perfectly free from it. I have seen the exanthem in two cases; in both it occurred on the eighth day after the vaccination and vanished after remaining two days. As I only saw the children publicly vaccinated on the seventh day after the vaccination, I don't know how often this class of eruptions occurred *after* that time, but on the other hand the mothers sometimes informed me that their children had been attacked by erythemata of this sort even on the day after the vaccination, but that the eruptions had quickly disappeared and they were not visible on the day of revision.

A second class of exanthemata were the *urticaria eruptions*. They broke out also on the day after the vaccination and vanished as promptly, so that they were not to be seen on the day of revision. I learned of their existence only through the communication of the mothers and hence can say nothing definite about them.

A third group were the *erythematous exudative processes*. These eruptions had exactly the character of *erythema exudativum multiforme* and were observed in two cases. The eruption was spread all over the whole body, with typical intensity on the backs of the hands and feet. On the day of revision (7th day) they had already undergone the characteristic change in form and color. In one of the cases the mother reported that the eruption had begun on the second day after the vaccination on the backs of the hands and feet whence it had spread out over other parts of the body. In the other case which occurred at the same time, the similar duration of the eruption could only be assumed from the similar stages of advance and retrocession of the efflorescences.

In one other case a vaccine eruption appeared in the form of vesicles, which in some places had the appearance of herpes, in others, that of eczema. The mother reported that the first group of vesicles had appeared on the left arm on the day after the vaccination, but that as one group would dry up another would appear in a distant part of the body. On the seventh day I observed, in consonance with the mother's account, dried vesicles on the left arm and groups of vesicles with cloudy contents on the rest of the body, especially on the legs and face. The exanthem vanished spontaneously with the drying of the vaccine pustule. I will speak of another quite analogous case further on.

The last form which came under observation was a *bullous eruption*. It was seen but once and occurred in the case of a perfectly healthy, well-nourished boy of nine months. Even on the evening of the day of vaccination single blebs appeared on the face and in the course of the next day they spread over different parts of the body. On the eighth day some of the oldest efflorescences were healed, some dried up to a thin brown scab, while the others, according to age, were filled with a cloudy or clear fluid. Under indifferent treatment (baths, &c.) the eruption disappeared completely.

As is evident from these observations, there can appear upon the skin of certain individuals during the progress of vaccination, in addition to the hitherto described hyperæmic macular erythema, entirely different forms of exudative and inflammatory processes, which, as I must repeat, have no effect whatever on the normal course of the vaccination, but must be regarded merely as accidentally associated symptoms.

In reference to the pathogenesis of vaccine eruptions, I would direct attention to the observations of certain of our French colleagues who speak of a "vaccine généralisée" as applied to certain vesicular and pustular eruptions. This nomenclature conveys the assumption that we have here to deal with a general eruption, a general manifestation of the vaccine poison analogous to variola as was not unfrequently met with by Sacco and others of the small-pox inoculators

\* Hebra und Kaposi, Lehrbuch der Haut Krankheiten, Zweite Auflage Bd. i. p. 50.

of the past century and which were doubtless the cause of Hutchinson\* and William Stokes† speaking of a general *vaccinia gangrenosa*. But a general eruption of blebs is not a general eruption of vaccine efflorescences, even where they have externally the analogous form; they are only unquestionable vaccine efflorescences when a normal vaccine vesicle can be produced by vaccination with their contents. Strangely enough we find this sort of study only in the older literature of the earliest days of vaccination, while later observers have not submitted the vesicular eruptions occurring after vaccination to the test, and hence in my opinion are not justified in speaking of a "vaccine généralisée." I am just as far as these authors from agreeing with Friedinger, who sees in the *roseola vaccinnica* the most convincing symptom of the constitutional action of the vaccine, and places it in the same relation with the vaccine poison as the eruptions of measles and scarlet fever, with their specific contagia. That other influences in fact prevail in these cases, that the vaccine eruptions have nothing to do with the specific action of the vaccine, is shown by the following considerations: 1. The variety of their forms. It is difficult to bring such a variety into consonance with our conception of the specificness of contagia and the constancy of the symptoms produced by them. The contagia of measles, scarlet fever, of vaccine and the so-nearly allied variola, vary by no means so much in different individuals as do these vaccine eruptions; they produce in all persons who come under their influence, an entirely distinct characteristic array of symptoms, so that we can conclude in regard to a given case to what kind of contagium it is due, and we never see the poison of scarlatina, for example, produce in one person an erythema exudativum and in another vesicular, bullous or pustular eruptions. 2. The time during which the vaccine eruptions occur, or, to speak more exactly, the time when they begin, speaks against their specific

nature. Upon this point the statements of authors who naturally confine themselves to *roseola vaccinnica*, vary in accordance with their nationality. While the German authors place the time for the eruption at from the sixth to the eighteenth day after the vaccination, our English and many of our French colleagues plead for the ninth and tenth, and a closer study convinces us that the German authors have followed Bednar, and the others Willan. In opposition to these assertions, I must remark, in the cases I have reported as well as in another to which I shall refer later, the eruption never occurred in the interval between the third and seventh day. In two cases the eruption began on the eighth day, in the others on the first or second. It would appear from this that in the course of the vaccine process there are two entirely distinct phases in which the eruptions take place; the first of these at latest, on the second day; the second, on the other hand, on the eighth day after the vaccination. If we should attribute these vaccine eruptions to the specific action of the vaccine poison, we would find ourselves in the face of a contradiction, since the first occurs just during the incubation of the vaccine, while the second appears only after the poison has produced its effect on the organism. 3. The fact that we observe exanthemata of exactly the same character after other materials—especially the use of certain medicines—speaks against the specificness of the vaccine eruptions. These medicines also produce eruptions which assume different forms in different individuals, and which, as I have shown in my work on medicinal eruptions, do not depend on the specific action of the medicines. I have already called attention to the fact in reference to medicinal rashes, that the presence in the blood of foreign matter may occasion the occurrence of acute skin eruptions as we see sometimes after the absorption of pyæmic matter into the blood, or after accidental injury, after confinement and operations, even those of insignificant size. Eruptions in these cases, caused, as they probably are, by the absorption of wound secretion or tissue detritus, assume one, or another form, and are to be regarded as analogous to the vaccine rashes.

\* Hutchinson—Brit. Med. Journ., Dec. 13, 1879, p. 960.

† W. Stokes—Dublin Journ. of Med. Sciences, 80, vol. lxix, p. 497.



From this point of view the vaccine eruptions show only that there is foreign matter present in the blood of those attacked. Upon the earlier eruptions the vaccine lymph itself must have a causative effect, while those of the later phase cannot be attributed to this, but are rather to be referred to the absorption of the contents of the pustules, since they occur at the beginning of the stage of suppuration.

But beside the abnormal constitution of the blood, the occurrence of such exanthemata requires a certain predisposition of the individual, a peculiar irritability of the skin, because all persons subject to the same diathesis are not attacked by skin eruptions. Each of the children referred to above was vaccinated together with from twenty to thirty others from the same arm, without one of the others becoming similarly afflicted.

You see therefore, gentlemen, that for certain cases of skin affection we are compelled to recognize a diathetic origin. That the nerves play a certain rôle in the origin of these affections has been shown in recent times, especially in the well-known works of Lewin; yet in the cases before us the influence of the nerves can by no means be regarded as primary. For, let us attribute to them whatever rôle we like in these affections, they will always require an instrument, by means of which to produce this reaction. The primary cause in these cases must therefore be an alteration of the blood, and our knowledge of the symptomatic eruptive forms under consideration leads us necessarily to recognize an hematogenetic origin not only for certain acute skin eruptions, but also for many chronic skin diseases.

Although the vaccine eruptions are generally of benign nature and usually disappear spontaneously, they can under some circumstances, in individuals so predisposed, produce very troublesome symptoms, especially if eczema comes into play. During the past year I vaccinated a somewhat rachitic child, with a swelled belly and a small spot of moist eczema behind the left ear. There appeared on the seventh day, beside isolated single pustules of large size and a few dried vesicles as big as the head of

a pin, not only an extension of the original eczema, but also several groups of eczema efflorescences on different parts of the body, especially the face, which lasted several months longer than the vaccine efflorescences and produced secondary glandular enlargements.

Under these conditions we can explain a fact which has been long known, but not rightly understood; which has given a hold to the anti-vaccinationists in their agitation against vaccination. This is the accusation that scrofula can be communicated by vaccination. In many cases referring to this, the occurrence of eczema has been taken into consideration, and there can be no doubt but that in children whose skins are predisposed to eczematous troubles, eczema may break out just as roseola, urticaria and erythema exudativum do in others, and that the eczema associates itself with the vaccination, lasts much longer and finally leaves glandular enlargements, so there is really in such cases the appearance of the transmission of scrofula. I have often seen eczema caused by vaccination, though I never vaccinate with lymph from a scrofulous child, and from my own observations I can only express the opinion that when a child gets eczema after vaccination the fault lies not in the vaccination but rather in a peculiar irritability of the child and that those who use this as an argument in their anti-vaccination agitation should, in order to be consistent, also preach against the use of those medicines which sometimes produce eruptions of about equal gravity with those following vaccination.

In conclusion, I would direct attention to the complete analogy between these vaccine eruptions and certain eruptions occurring with variola patients. With them also eruptions are observed in two entirely different periods of the disease, the earlier in the prodromal stage of the disease and hence called the prodromal exanthem, while the other occurs later during the period of maturation. This analogy between the exanthem which accompanies small-pox and the vaccine eruptions shows that the latter do not depend upon the specific action of the variola poison, but have rather a general pathological significance, *i. e.*

that foreign matter is circulating in the blood and hence that the prodromal exanthem of small-pox has not the prognostic value which is in general attributed to it.

## SOCIETY REPORTS.

### BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD MONDAY, JAN. 22, 1883.

(Specially reported for *Maryland Med. Journ.*.)

The Association was called to order at 8.30 P. M., Dr. J. S. Conrad, President, in the chair, and twenty members in attendance.

**TREASURER'S REPORT.**—The Treasurer presented a report, showing balance in the treasury of \$28.42. He also read the names of members in arrears for dues for two years or more, who thereby have forfeited their membership.

**SPECIMEN OF PLACENTA RETAINED AFTER MISCARRIAGE.**—*Dr. Erich* presented a specimen, being the remains of a placenta, from a young woman who miscarried when five months advanced in her first pregnancy. Profuse hemorrhages succeeded which large doses of Squibb's fl. ext. ergot failed to relieve permanently. Being called to the case on the third day, Dr. E. found the cervix uteri patulous and at the internal os felt irregular masses, supposed to be portions of the placenta. An anæsthetic was administered and the masses were scraped away with a dull wire curette. No decomposition had taken place notwithstanding their retention for three days within the uterus and at a high temperature. Portions of the placenta may remain attached to the walls of the uterus and not only live but grow there. He had removed them three months after the passage of the fœtus. In one case these growths presented the appearance of two leaves, attached to the uterine wall by their edges. They are covered with mucous membrane. There is no chance of relieving hemorrhage due to such a cause but by removing them, in accomplishing which the dull wire curette is both safe and efficient. We should

not be satisfied after a miscarriage until we know by examination with the finger that the uterus is empty.

*Dr. Gibbons* inquired whether ergot alone would not expel these masses.

*Dr. Erich* said it might do so, but it was not safe to trust to it. They may undergo decomposition, involving risk of septicæmia. Besides it is generally a matter of only a few moments to remove them. No dilatation was necessary in the above case, although an acute ante-flexion increased somewhat the difficulty of the operation.

**THE THERAPEUTIC VALUE OF THE HYDRATED SUCCINATE OF THE PEROXIDE OF IRON.**—*Dr. Jas. A. Stuart* opened the discussion of the regular subject with the following remarks:

For a number of years I have had occasion to feel greatly dissatisfied in the treatment of cases of profound anæmia, with the various preparations of iron in ordinary use, and recommended by text books for the treatment of this troublesome disorder.

We all know how important is the restoration of the normal constituents of the blood, when broken down from any cause, but especially when it is the result of the continued toxic influence of malaria. In just such cases I have, had unsatisfactory results from the muriated tincture, ferrum per hydrogen (Quevenne's iron), dialysed iron, etc., etc. I therefore regard the preparation, which is the subject of these few imperfect notes as worthy of a eulogy and of being given a far wider field of usefulness than it has heretofore had.

It was my good fortune to meet with an admirable, and in some respects, remarkable article by Dr. Thomas H. Buckler, formerly of Baltimore, published in the *Boston Medical and Surgical Journal*, of the date of Oct. 23, 1879, entitled "A Medical Reclamation from the Domain of Surgery." There, for the first time, I became acquainted with this invaluable remedy, recommended principally by Dr. Buckler in conjunction with chloroform for the treatment of gallstones. All have doubtless had the same sad experience in this disease; have witnessed the anguish and suffering of the unfortunate victims, and (speaking for



myself only, of course), up to the period of the publication of this article had but a small measure of success in relieving, much less in curing the disease. Since the period above referred to, I have had the opportunity of testing the value of the succinate of iron, in several remarkable cases, the history of which may not be uninteresting to the Society.

In April, 1881, I was summoned late at night to visit a lady (Mrs. T.), forty years of age, married, whom I found writhing with pain, which she located in the right abdominal region; this, together with her icterous appearance, and the hard lump distinctly felt in the region of the gall duct, at once satisfied me that she was suffering from an impacted biliary calculus. A full hypodermic of Magendie's sol. sulph. morphia relieved the pain and gave me time to obtain a history of the case. She had been ill, as I was then informed, for three months; had been under the treatment of four or five doctors (one a Homeopath, during four weeks of the time), and besides many other remedies, the chloroform treatment of Dr. Buckler had been faithfully tried, without effect. Previous to her illness she had been the personification of vigorous health, fair and rosy and weighing two hundred pounds. At this time she was reduced, as she expressed it, "to a skeleton," and the color of the skin could only be compared to an old saddle. I ordered for her at once the hyd. suc. of the peroxide of iron, as prepared by J. V. D. Stewart, druggist, of Baltimore, in teaspoonful doses three times a day. In one week she had greatly improved, having been free from pain since the attack in which I first saw her. In two weeks she was up and about, and in four declared herself perfectly well. During the next month her complexion assumed its normal appearance and she began to regain flesh and muscular strength. The treatment was continued at the rate of one dose a day for another month. Up to this time (now nearly two years) she has had no symptoms of gall-stones whatever, and is entirely restored to vigorous health. It cannot, of course, be claimed from the result of one case that this remedy is sufficient alone in the treatment of all

similar cases, though this opinion is supported by the report of Dr. John A. Ochterlony, of Louisville, Ky., in which he claims complete recovery in twenty cases under the exhibition of the succinate of iron alone.

The value of the remedy, however, is not confined alone to the relief of gall-stones. Miss P., aged twenty-five, a teacher, had been suffering for four weeks prior to my seeing her, with daily and tri-daily hemorrhages from the nose, accompanied by a tertian ague of considerable severity. She related that she had already taken a large quantity of sulph. quinae, without effect. For the first week she was continued upon the same treatment in increased doses, with mur. tinct. ferri and wine of iron. All to no purpose, and I saw that something decided and effective had to be done or I should lose my patient. She was therefore at once placed upon the succinate of iron, in 3 i doses, three times a day. A few doses of fl. ext. ergot were necessary to restrain the loss of blood, and then Fowler's solution of arsenic was added to treatment to control the continued ague. This latter was ordered to be taken in five-drop doses three times daily; the second day six drops, and so on, increasing a drop at a time, until the dose reached fifteen drops three times a day. From this point the dose was diminished a drop at each dose, each day back to one drop. By this time, a period of about twenty-five days, my patient was entirely restored, and improving daily in strength, appetite, color, spirits and weight. In one month she returned to her duties, having escaped almost from the threshold of death.

A. B., a blind youth of sixteen, a pupil of the Blind Asylum, had spent his vacation in the swamps of the Eastern Shore of Maryland, and returned saturated with malarial poison, which manifested itself in a thoroughly broken down condition of his blood and complete prostration of muscular energy; in short, profound anæmia. I ordered the succinate of iron, 3 i three times a day, also three pints of good milk to be taken in twenty-four hours. In three weeks he was greatly improved, and by the end of six entirely restored.

Mrs. W., aged twenty-two, after a most difficult instrumental delivery of her first child, nearly lost her life from post-partum hemorrhage, which, by the way was arrested only by the hypodermic of ergot. This left her so completely exsanguineous that I had serious doubts for several days of her survival. I thought this an admirable opportunity for a trial of the hydrated succinate in order to restore as rapidly as possible the lost red globules. I had the pleasure to see my patient under this treatment, supplemented with a liberal nourishing diet, make a remarkably speedy and satisfactory recovery; far more so, indeed, than I had ever before seen under similar circumstances.

There are also, as you are all well aware, a class of nervous diseases entirely dependent upon depraved nutrition and consequent loss of hemoglobin, in which this remedy promises the most favorable results.

Fothergill, of London, in his admirable little work, entitled "Indigestion, Biliousness and Gout in its Protean Aspect," speaking of the blood, says: "The tissues are fed from the blood, and deteriorated tissues need for their regeneration the baptism of healthy blood; to improve the blood is the way to the regeneration of the tissues. We can only feed the body through the blood. If we can improve the blood we can feed the tissues. We know that we may have anæmia with fair, indeed good general tissue nutrition. The assimilation and construction processes are equal to the formation of common tissues, but they cannot build up hæmoglobin. We can readily understand how the power to construct less complex bodies may be retained, yet the capacity to build up hæmoglobin may be lost for the time, and require medical treatment for its restoration. The clinical relations of anæmia teach us a valuable lesson as to the loss of power in the system to construct the complex substance hæmoglobin." These valuable remarks which I have quoted in full from so high an authority, render the value of a remedy which seems to meet all these requirements inestimable.

*Dr. Ellis* had used the remedy occasionally for the last two or three years,

and had found it satisfactory, whilst the taste was not objectionable.

*Dr. Erich* asked what advantage it possessed over other chalybeate preparations.

*Dr. Stuart* said chiefly these: 1st, its large percentage of oxygen, larger than that of any of the other chalybeates; 2nd, it is the most easily assimilated of these agents; twice as much so, in his experience as any of the others.

*The President* said that he had observed, during his experience, when in charge of the Quarantine Hospital in 1871-'2, a very intractable form of anæmia, following certain cases of small-pox. Nothing had any effect on it; it resisted the use of every preparation of iron. He thought it would be well to test the succinate in these cases.

ACONITE POISONING.—*The President* made some remarks upon the subject, suggested by the late accidental poisoning and death of a police officer in this city. He offered some rules for the safe handling and dispensing of poisonous drugs in drug stores, which, if adopted, he thought would effectually obviate accidents. The label upon each bottle should be read by the druggist both when taken from the shelves and when returned to them after obtaining the quantity desired in filling the prescription. It would be well to have a case in which poisonous drugs could be kept to themselves, apart from the rest. He also pointed out the inefficiency of emetics in cases like the above, the alcoholic tincture being absorbed before any emetic could act. The stomach-pump should invariably be employed—the stomach being first filled with water, so as to dilute the poison, and then emptied. An efficient substitute may be found in the ordinary Davidson's syringe, the metal ends being removed and the rubber tube introduced into the stomach; by introducing first one end the viscus may be pumped full, then introducing the other end it may be emptied. A member suggested the use of a simple rubber tubing as being still more efficient and a cheaper substitute. One end of this tubing being introduced the stomach may be filled from the other elevated above the patient's head, through a funnel; then by



lowering the distal end the fluid will run out, without the necessity of a second introduction.

MISCELLANEOUS.—The names of Drs. Jno. N. Mackenzie and Chas. Dunbar Smith were announced as candidates for membership, and Dr. Geo. H. Rohé was announced to open the discussion at the next meeting on "Treatment of the Various Forms of Acne."

The Association then adjourned.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD JAN. 19, 1883.

Dr. Samuel Theobald, President, in the chair. Drs. James McHenry Howard and S. J. Fort were proposed for membership.

THREE SPECIMENS OF ANEURISM OF AORTA.—*Dr. Coskery* exhibited these specimens, the *first* of which was a sacculated aneurism of the arch, obtained from a widow, *æt* 35, who came under observation first Nov. 12th, 1881. She exhibited symptoms of aphonia, dysphagia, dyspnœa on exertion, and a pulsating tumor above the episternal notch. There was complete absence of radial pulsation on the right side, the trachea was pushed to the right, the left pupil was dilated throughout. Absence of arterial pulsation in the head and extremities was noticed later. She denied syphilis, but stated that she had had several miscarriages. The symptoms began three years before her death. There were occasional periods of improvement, but death finally ensued Dec. 29th, 1882, seemingly from exhaustion. P. M. revealed a sacculated aneurism of the first portion of the arch of the aorta, nearly filled with laminated fibrin. The *second* specimen was obtained from a man, *æt* 51, formerly a professional baseball player, but recently an hostler. Oct. 14th, 1882, he entered hospital, stating that he was well up to Sept. 20th, 1882, when he had a fight and felt some-

thing give way in his chest. His legs were anasarcaous and he was orthopnœic, having to sit constantly in a chair. He had irregular attacks of dyspnœa which were generally relieved by ether. The radial pulse was good. There was an aortic murmur with both sounds of the heart, but no interference with phonation. He denied syphilis. Death took place in an attack of dyspnœa, and on *p. m.* an unruptured fusiform dilatation of the first portion of the arch was discovered, not suspected during life. The *third* specimen came from a colored sailor, *æt* 33. The patient entered hospital Jan. 31, 1882, having had to stop work two weeks before. Besides general malaise, he had some difficulty in deglutition, there was no pulsation perceptible in either radial, indeed arterial pulsation was absent beyond the neck, axillæ and Poupart's Ligament. The area of præcordial dulness was increased. A diagnosis of cardiac hypertrophy was made. Death ensued three days after he was first seen, by hemorrhage through the mouth. *Post-mortem* revealed an aneurism of the descending aorta pressing upon the œsophagus and bursting into the œsophagus three inches above the cardiac extremity of the stomach. The bodies of the two corresponding dorsal vertebræ were eroded by pressure and had nearly disappeared; the intervertebral disks remained, however, intact. The history of syphilis in this case was clear.

CASE OF FATAL INTERNAL URETHROTOMY.—*Dr. Latimer* reported the following case: A man about 48 years of age had two strictures of some years duration, resulting from an attack of gonorrhœa. Micturition was accomplished with a good deal of delay. The first stricture could be passed with Otis' instrument. There was no inquiry into the patient's history before operation. After cutting with Otis' instrument—under chloroform anæsthesia—sufficiently to intro-

duce a No. 16 (English) sound into the bladder, the patient got up and could not be restrained. There was no bleeding, no special shock, no depression from the chloroform. The subsequent history (as given by the attending physician—the patient resided in the country) was that the patient suffered on the same evening from inability to urinate and the physician drew his water with a No. 12 catheter. The next morning the patient passed, unassisted, about one gill of water, but in the evening the physician had again to introduce the catheter, this time also drawing only about one gill of water. A few drops of blood also passed. The following morning the patient was dead. Death was attributed to suppression of urine and consequent uræmia. Both strictures were in the pendulous portion of the urethra, the deeper being just in front of the scrotum.

*Dr. Tiffany* did not believe the patient died of uræmia. The symptoms of this condition, coma, etc., were absent, and suppression was not complete. There was not much cutting done. Death was probably due to some fatal condition, independent of the operation.

*Dr. Michael* said that in view of the circumstances in the case, the fact of the patient being in such apparently good health to make an examination of his urine unnecessary in the eyes of an experienced surgeon, and the death following so directly upon the operation, while the fatal result might have been due to some unexplained condition, the probabilities are in favor of the supposition that it was a result of the operation.

*Dr. Coskery* thought uræmia possible. There was evidently some sequence between the operation and the death. In all probability the patient would not have died in two days except for the operation.

*Dr. Chambers* recalled to mind six fatal cases reported, all situated in the

first three inches of the urethra. They were not very tight strictures except in one case. This should inculcate care in performing the operation. He had noticed in making post-mortems that the kidneys were less affected in deep seated strictures than in superficial ones. Reflex troubles also are greatest from causes seated at the extremity of the penis.

*Dr. Latimer* replied to these criticisms that he by no means insisted upon uræmia as the cause of the death, yet he was unable to ascribe other cause and hence thought it the most probable explanation. The kidneys being diseased, any slight addition to the morbid process might lead to uræmia. Even had examination of the urine beforehand proven the kidneys to be diseased, he would not have regarded this as a contraindication to operation, since he could conceive of no better way of aiding the crippled renal organs under such circumstances than by removing the obstruction caused by the stricture which was a constant menace to the patient's life.

CASE OF DEATH FROM CHLOROFORM WITH SPECIMENS FROM GENITO-URINARY TRACT.—*Dr. Michael* related the following case: On the 16th of January, 1883, he proposed to perform external urethrotomy without a guide upon a man 50 years old who had an impassable stricture of the bulbo-membranous portion of the urethra. Seven years ago this patient first suffered from stricture which was then operated on by Holt's method of divulsion, in the hands of Dr. Christopher Johnston. He neglected the instructions given him and had again to submit to operation, internal urethrotomy (Otis' operation), performed by the late Prof. Thomas R. Brown, of the Col. Phys. and Surgeons of Baltimore. This relieved him, but again he was careless in attending to the after treatment. He came under Dr. Michael's care three weeks ago. In two protracted sittings the stric-



ture was found impassible to any instrument—even the filiform bougie. Some water passed, however in drops when the patient stood up in the mornings. Chloroform was administered by Drs. West and Mitchell, the resident physicians at the University Hospital, before the medical class. Suddenly the anæsthetizer cried out that the patient was dead. During the stage of excitement (and before any operative procedures had been instituted) the patient had raised up suddenly to a sitting posture and immediately fell back dead. Measures for resuscitation were at once instituted, as elevation of the lower extremities, the use of the battery, by hypodermatic injections of whiskey, etc., and persevered in for fifty minutes but to no effect. Respiration continued for some time after the heart ceased to beat. Squibb's chloroform was used and instructions were given to the two gentlemen administering it to be careful. Thirty minutes before the inhalation was begun  $\frac{3}{4}$  of whiskey was given, and immediately before it another ounce. The *post-mortem* was performed six hours after death. The right cavities of the heart were filled with fluid blood; there was also a moderate amount in the left cavities. The blood in the internal organs was fluid. The venous system was congested. There was perhaps slight hypertrophy of the left ventricle, but no other defect in the structure of the heart. In the lungs a few small patches of emphysema were found, probably not diagnosticable during life. The bladder exhibited follicular cystitis and contained from one to one a half pints of urine. There was a saccular dilatation of the urethra behind the stricture. The latter involved about  $\frac{3}{4}$  of an inch of the urethra. The prostate was somewhat enlarged but not much. At the site of the stricture there was a sort of oblique membranous partition, the anterior cul-de-sac overlapping the

posterior. The urine must have found an exit through this partition in drops, although no openings were perceptible. The right kidney was somewhat contracted, the capsule adherent in places, pelvis dilated and thickened as also the right ureter, throughout its extent. Left kidney rather firmer to the feel than normal. No other macroscopic changes. The patient's habits were dissipated. The operation selected was the only one that could have been performed in the case. Death was due to heart paralysis—there was no respiratory trouble whatever. Three drachms of the anæsthetic were inhaled altogether, by means of a towel folded into the shape of a cone and held at a distance from the nose.

*Dr. I. E. Atkinson* said that the longer he lived the more and more he was convinced of the danger from the use of chloroform as an anæsthetic. It is a serious thing to administer it and those who fail to inculcate its risks upon medical students under their instruction assume a grave responsibility which is not justified by the facts and especially by the occurrence of two deaths within one month in this one institution alone. His preference was decidedly for ether.

*Dr. Coskery* advocated the use of both ether and chloroform.

*Dr. J. D. Arnold* referred to 150 pulse tracings during chloroform anæsthesia, taken by himself, showing invariably a loss in the height of the pulse wave. He also referred to Vulpian's experiments with the same agent in animals indicating the same cardiac depression.

*Dr. Rohe* said ether had been given in this country nearly as frequently as chloroform, yet in Boston but two deaths had been reported from it. Chloroform kills by paralyzing the heart; ether does not have this tendency, experiments proving that it is a cardiac stimulant.

*Dr. Brankham* pointed out that hold-

ing one's breath would retard or even stop the heart's action, and according to Huxley, was for this reason dangerous. Might not this explain deaths occurring in the stage of excitement, tonic contraction of the respiratory muscles leading to arrest of respiratory movements and consequent cardiac paralysis?

*Dr. Chambers* suggested that the use of electricity might account for the fact of the left heart being nearly empty in the above case.

*Dr. Uhler* suggested the use of two remedies not employed in this case, nitrite of amyl and slapping the chest over the heart with a towel dipped in very hot water.

*Dr. Friedenwald* thought there could be no question as to the greater safety of ether in comparison with chloroform, statistics being convincing on this point. He felt perfectly satisfied in his own mind upon this point.

*Dr. Winslow* referred to the failure of internal urethrotomy in this case.

*Dr. Chambers* said its failure in a case in which the tissues had been torn by divulsion was not a fair test of its value.

*Dr. I. E. Atkinson* had met some ordinary cases in which it had failed.

**SPECIMEN OF SARCOMA OF BROAD LIGAMENT.**—*Dr. Gorter* exhibited a round-cell sarcoma which had developed in the broad ligament, in the neighborhood of the ovary, causing it to be mistaken for ovarian tumor. The growth was slightly adherent to surrounding parts. There was much ascitic fluid. The patient was aged 20 years.

*Drs. Goldsmith and Free*, the attending physicians (unanimous permission being granted by the Society), related the following particulars of the case: The patient had felt a gradually increasing fulness in her abdomen for about six months. Menstruation had been regular up to last October, when it ceased. At first her condition was attributed to pregnancy. About the

end of November her condition began to become threatening. There was almost suppression of urine, only from two to four ounces being passed in a day. There was no albumen nor tube casts in the urine. She had backache and dyspœna. By Dec. 15th the swelling had increased so that the patient had orthopnœa and was in extreme danger. There was fluctuation felt through the abdominal walls. The sound passed into the uterus a distance of two inches. The uterus was a virgin one. A tumor could be felt in the rectum. She was tapped and one gallon of bloody fluid withdrawn after which she experienced relief and passed her urine more freely. The fluid soon reaccumulated and two gallons were withdrawn. An operation was contemplated and the time appointed but the surgeon who was to have performed it was taken sick, and consequently no attempt at removal was made. Death was sudden, the emaciation being extreme.

**NEURITIS.**—*Dr. Latimer* opened the discussion of this subject with a paper. Neuritis was defined as inflammation of any part of a nerve or its sheath. It is characterized by increased vascularity, with a tendency to hypertrophy from increased connective tissue. As a consequence of the latter, pressure is exerted with ultimate atrophy of the white substance of Schwann. *Dr. Latimer* accepted Northagel's definition, based upon a report of cases in which the diagnosis is confirmed by post-mortem examination. In the early stage we find pain, spontaneous and excited by pressure; later destructive changes and diminution of pain. Herpes is an accompaniment in many cases. "Rheumatic facial neuritis" is not justified by the above condition, since no case has been confirmed by p. m. examination. There is a difference of opinion in regard to paralysis due to peripheral irritations; whether it is due to reflex influence, vaso-motor changes, or to extension of a



neuritis along the nerve. Paralysis is a secondary result of neuritis. Swelling of the nerve (due to changes in the sheath) is characteristic as also a tendency to wander; the latter is especially distinctive of the traumatic form. The history of a continued pressure or excitant, tenderness over the course of the nerve, muscular paralysis with sequent atrophy and herpetic eruption, afford strong reason to conclude the existence of neuritis.

Dr. Miles said divergent sensations, such as numbness, pricking and tickling, are more distinctive of neuritis than pain. In two cases of inflammation of the ulnar nerve reported by him, in one the pain was excruciating, the other was free from pain throughout. Neuritis may occur without apparent cause and may effect many nerves at once. The rapidity with which the morbid change advances, and its diffusion to many nerves, are noticeable features in some cases.

After an announcement from the Ex. Com. that Dr. Formad, of Philadelphia, would discuss the subject of tuberculosis at the next meeting, the Society adjourned.

### EDITORIAL.

THE TUBERCLE BACILLUS.—In the December number of the *Chicago Med. Journal and Examin.* an article from the pen of Dr. H. D. Schmidt, a pathologist in New Orleans, has appeared, in which the author discusses the tubercle bacillus. The faith of Dr. S in the whole germ theory appears to have been shaken by his failure to find any pathogenic organisms in the tissues of fatal cases of yellow fever and leprosy, but he says his enthusiasm was again awakened by Koch's publication on tuberculosis. However, on staining sections of the tubercular lung and sputa after the method described by Koch, that is first with methyl violet and then with vesuvine, he failed to find the bacilli. It is true that Koch did not use methyl violet, but the color lately discovered by Ehrlich, methylen blue. As long, how-

ever, as both these made solutions somewhat bluish in color it seemed all right to Dr. Schmidt. The whole paper is so full of microscopic impossibilities that were it not for the fact that such statements as his were calculated to do harm to a few members of the profession who had not had time or opportunity to acquaint themselves with the rudiments of modern microscopic research in lower organisms, we would not notice it. For a microscopist to go over his paper in detail and expose its inaccuracies would be in effect such a task as to sit down and criticise a statement that some one might make, that a tree and an iron lamp post were one and the same thing. For the difference between margaric acid crystals and bacilli is fully as great as that between the tree and the lamp post. The article is accompanied by a lithograph depicting the various crystals which were supposed by various incompetent observers, Koch, F. Cohn, J. Cohnheim, Ehrlich, and others, to be bacilli. The author should, however, know that for a fat crystal to be visible in a specimen that has been hardened in alcohol, cleared up in oil of cloves and then mounted in balsam, is an impossibility. Among his other statements, he says that specimens stained with the aniline colors and then mounted in balsam will never fade out; the writer of this is only too painfully aware of the absurdity of this statement. The fact that Koch cultivated the bacilli and produced tuberculosis in animals by inoculation with the cultivated ones; Dr. S. dismisses as almost unworthy of his notice. The bacillus lepræ also comes in for its share of abuse. Now we acknowledge that it does take a very little care and microscopic technique to successfully stain the tubercle bacillus, but to stain the bacillus lepræ actually no art. We would earnestly recommend the author of this valuable contribution to medical science, to read a few of the articles in bacteria literature that have lately appeared; that of Koch in the *Mittheilungen* or some of Weigert's articles in *Virchow's Archiv*, then to commence his studies with the micrococci and other simple forms, studying the characteristics of each as he goes along; then to try and get some of the tissue from anthrax and

study the bacilli there, and gradually approach the higher and more difficult fields of microscopic art. If he will do this, we feel quite sure that in a short time he will gladly retire from circulation such copies of the December number of the *Chicago Medical Journal* as he can get his hands on.

W. T. C.

**AMERICAN VS. ENGLISH STUDENTS** — A recent number of the *Medical Times and Gazette* quotes from a highly sensational and incorrect article in *Harper's Monthly*, a statement that American medical students are "lawless, exuberant and addicted to nocturnal disorders." The descriptions given in the English journals of the introductory exercises at some of the British schools would seem to show that they are not without formidable rivals in the maternal isle. We are told by the above authorities, that when Dr. Bain, the Lord Rector of the University of Aberdeen, the choice of the students themselves, to whom all necessary preparations for his reception on this occasion had been intrusted, attempted to deliver his rectorial address, the noise was so great and the interruptions so persistent and prolonged that he was compelled to desist at the very beginning of its delivery. Peas and crackers were freely thrown about the hall. At Edinburgh matters were equally as bad, the students being riotous to a degree. They assembled in front of the hall where the ceremonies were to be held to the number of some thousand or two, and amused themselves while waiting by throwing peas and breaking lamps. Presently the new Professor of Greek drove up in a cab, and not observing that the gate was still closed made his way through the assemblage towards it. As he approached the crowd cried—"Let's give him a squeeze!" This suggestion met with immediate acceptance and execution. The unfortunate Grecian realizing too late that when Greek meets Greek, then comes the tug of war! found himself beset on all sides. Whilst walking canes were aimed at his hat, he was jostled and pushed and squeezed so that he was happy to extricate himself finally, after considerable rough treatment, with a torn coat, but without broken bones. On the opening of the doors the disorder was

transferred to the interior of the building. As the Lord Rector, Chancellor, Professor and other officials ascended the platform the place was like a pandemonium. Even during the delivery of the opening prayer the uproar continued. Repeated cries of order from the platform had no effect. During the presentation of the Rector, Lord Rosebury, and others, recommended for the degree of L. L. D., the same state of affairs continued and only the actual participants in the solemnity could hear what was said. Not until the Lord Rector began his address was there anything like order. After thanking them for having elected him to the position, and gracefully referring to his competitor, the late Prof. Christison, he delivered an eloquent and practical oration on Patriotism—especially as applied to Scotchmen and Scotch students. But not even his splendid delivery and the stirring character of his subject prevented occasional interruptions, and when he had concluded, the uproar was resumed, to be followed in the evening by a procession in which the students were joined by "roughs who invariably associate themselves with the students in the riotous proceedings that too frequently occur on such occasions."

If American students have ever excelled these performances we have yet to learn of it.

## MISCELLANY.

**TUBERCULAR TUMORS OF THE HEART IN CHILDREN.**—In the *Louisville Medical News* for October 14th, 1882, a case is related of a little girl, æt. 8½ years, who was admitted to the Children's Hospital, suffering from a remittent type of fever. The heart's action was tumultuous, with diffuse impulse. The heart sounds were distinct, but somewhat dull; the area of precordial dulness increased. A rather obscure friction sound was heard over the cardiac region and the pulse was quick and small. On post-mortem examination, tubercles were found in the lungs, and the bronchial glands were enlarged and caseous. The heart was normal in size, and the peri-



cardium contained about two table-spoonsful of lemon-colored fluid. Miliary tubercles were scattered singly over the heart's surface. The left ventricle contained a tumor five cm. long and three cm. broad, covered by endocardium, which had an uneven surface and emerged from the junction of the anterior wall with the inter-ventricular septum, so that the greater portion of the tumor projected into the ventricular cavity. Microscopic investigation showed the growth to be tubercular. A similar case is recorded by Hirschsprung (*Jahrbuch fuer Kinder, heilk. Bid.* xviii, '82) where a tubercle as large as a walnut was found in the internal wall of the left ventricle.—*N. Y. Medical Record*, Dec. 2, 1882.

J. N. M.

(Dr. John N. Mackenzie, of this city, has reported (*Archives Medicine*, Oct., 1880) a case where a nodular tubercular growth of the pericardium and muscular wall of the heart was associated with a similar growth in the trachea.—ED.).

THE VALUE OF CANNABIS INDICA IN CHECKING EPISTAXIS.—*Dr. W. G. Maxwell, of Still Pond, Md.*, sends the following communication: "The recent attack of epistaxis from which Governor Hamilton (of this State) suffered prompts me to call the attention of the medical profession to the above-named drug, which has acted like magic in checking epistaxis during the seven years I have been using it.

I have had nine cases of profuse epistaxis (where plugging the nares seemed to be the only alternative) that were checked by Indian Hemp in from three to twenty minutes. Nor was there a recurrence of hemorrhage in a single case.

I have prescribed it for a number of other persons subject to bleeding at the nose, who derived the same benefit from it.

I use the tincture in ten to twenty drop doses, repeated every five or ten

minutes. The largest quantity given was fifty drops, in three doses, to a gentleman who had been bleeding ten hours; the hemorrhage ceased in twenty minutes after the first dose was administered.

The Cannabis Indica was used alone in these cases, there being no other internal or local treatment."

THOMAS ON EXTRA-UTERINE PREGNANCY.—In a paper entitled "Notes of Twenty one Cases of Extra-Uterine Pregnancy," read at the last meeting of the American Gynecological Society, the author, Dr. T. Gaillard Thomas gave the following rules with reference to treatment: 1st. If an ectopic tumor was discovered and its nature pretty well settled before the end of the fourth month of gestation, he would destroy the vitality of the child by electricity in preference to all other methods which had been proposed. It had these great advantages: If an error of diagnosis had been made, this remedy would do no harm; if the diagnosis was correct experience proved it to be sufficient in its effects. It was almost painless, and caused none of the nervous disturbances created by a cutting operation, and it required no surgical skill in its use. 2nd. Should the fourth month of gestation be passed and surgical interference be called for, he thought that laparotomy or, if the tumor were low down in the pelvis, elytrotomy should be preferred to the use of electricity, which left a large fetal body to undergo absorption inside the body of the mother. 3rd. Should the pregnancy be abdominal, the practitioner might watchfully await the full term of gestation, and deliver then, by laparotomy or by elytrotomy, combined with the forceps or version. 4th. Should full term be passed, and the fetus be dead, the practitioner should wait and watch, if possible, until nature demonstrated the outlet by which she desired the

extrusion to be effected; then she should be aided. If, on the other hand, bad symptoms under these circumstances at any time showed themselves, laparotomy, under strict antiseptic precautions, should be promptly resorted to. 5th. Should rupture of the foetal nidus have occurred before a diagnosis had been fully made, the practitioner should wait and see whether nature was powerful enough to overcome the shock and control hæmorrhage, then, further, if the patient was going to escape the dangers of peritonitis and septicæmia. If these favorable results did not occur, if hemorrhage was about to destroy the patient immediately, or if septicæmia attacked her, laparotomy, followed by antiseptic cleansing should be promptly adopted. T. A. A.

**MECHANICAL THERAPEUTICS OF VERSIONS AND FLEXIONS OF THE UTERUS.**—In a paper on the above subject (*Amer. Gyn. Society*, 1882), Dr. E. Van de Warker says "The correction of a flexion or version of the uterus mechanically, with certainty, comfort, and safety to patient, depended upon the following fixed conditions, which could not be violated: First, the limits imposed by uterine mobility; second, the limits imposed upon the action of pessaries by the vagina; third, a pessary must be adjusted with proper regard for the safety of the pelvic soft parts; and, fourth, a pessary must be so adjusted as not in any way to retard or arrest the function of any pelvic organ, nerve or vessel." T. A. A.

**SUDDEN DEATH DURING CONFINEMENT FROM OTHER CAUSES THAN HEMORRHAGE.**—In answer to a circular of *Prof. Humphry*, of Cambridge, fifteen physicians report twenty-nine such cases, which Professor H. analyses (*Lancet Dec. 9*) with the following results: 1. Before the birth of the child. Five cases were reported,

in two of which death was apparently due to exhaustion from long and complicated labor. 2. Soon after delivery. Fifteen cases were reported. In two the cause of death was not apparent; in three the labor was tedious and severe; two were cases of inverted uterus; one was marked by diabetic coma and one by albuminuria; three were cases of placenta prævia; in one rupture of the uterus occurred; and in one parturition supervened during typhus. 3. Within three weeks after confinement. Eleven cases were reported. Nine were attributed to embolism; in one there was albuminuria; in another apoplexy.

T. A. A.

**A RÉSUMÉ OF TWENTY-FIVE CASES OF ABDOMINAL SECTION.**—*Dr. J. Ewing Mears* read a paper on the above-named title before the College of Physicians, of Philadelphia (*Med. News Dec. 16*), which presents many points of interest, and from which the following facts are abstracted. Of the twenty-five cases twenty-two were performed for the removal of tumors of the ovaries. In the twenty-two cases the age varied from 16 to 65 years. Sixteen were natives of the United States and six of Ireland. The duration of growth varied from three months to seven years. Aspiration was performed in eight cases; tapping in four. In none of these cases did any serious results occur, nor were there any evidences in the operations which followed, of complications due to the previous aspiration or tapping. All cases were placed upon preparatory treatment extending over periods varying from two weeks to two months. In all cases the abdominal cavity was opened by incision in the linea alba, midway between the umbilicus and pubes, the length of the incision varying according to the nature of the tumor and the presence or absence of adhesions. The incisions were invariably closed by the intro-



duction of metallic sutures, the needle being carried so as to include the peritoneum. Adhesions, differing greatly as to extent and character, existed in eighteen cases. Four cysts were unilocular, sixteen were multilocular, and in two, malignant disease existed. Double ovariectomy was performed in two cases. In one case the operation was secondary, ovariectomy having been performed thirteen years previously. The incision in this case was made to the side of the old cicatrix. The pedicle was found to exist as a small cord attached to the inner surface of the abdominal wall, and to be of such length as to permit the uterus to occupy a normal position. In all but one case the pedicle was secured by the clamp; in the case excepted, a carbolized cat-gut ligature was used, the ends cut short and pedicle returned to the abdominal cavity. In cases of a very short pedicle treated by the clamp, traction was not observed to do harm. The clamp was usually removed between the eighth and tenth days. In three cases menstruation has occurred by the pedicle. It took place but once and produced no serious inconvenience. It occurred in one of the cases of double ovariectomy. The author remarks, "While the tendency of the present day is to return to the use of the ligature as an exclusive method of treating the pedicle, I think it unwise to discard the clamp. The embedding of the ligature and its subsequent absorption demand a degree of reparative power, which some much debilitated patients do not possess; in such cases it would appear proper to employ the clamp." Drainage was employed in one case. In fourteen cases the antiseptic methods were employed in full detail at the time of the operation. "The successful results which have attended some of the cases were undoubtedly due to its use." Of three fatal cases, one occurred after operation under this system. In two cases preg-

nancy occurred and terminated safely in connection with the development and growth of the cysts. In recent cases quinine has been administered in large doses in the twenty-four hours preceding the operation, with a view to obviate shock, and in this respect its use has been attended with success. In the preliminary and after-treatment it has also been given in tonic doses. The duration of the operation varied from thirty minutes to two hours. The size of the tumors varied greatly, and the weight from three to sixty pounds. With one exception, all the operations were performed either in private houses or in a private hospital. In all cases careful attention was given to the preparation of the apartments. For twenty-four hours after the operation no food was given—at the end of this time, one ounce of milk, with lime-water, if vomiting had occurred or if there was nausea, was given every three or four hours. The allowance of milk was gradually increased alternating with beef juice. As convalescence advanced additions were made cautiously to the diet, no solid food being given until the sutures and clamp had been removed and the bowels moved freely by enemata. When possible to avoid it opiates were not administered. In the twenty-five abdominal sections death occurred in four cases—three after operation for the removal of ovarian cysts, and one after operation for the removal of the child in extra-uterine foetation. Septicæmia caused death in three cases and shock and hemorrhage in one case. T. A. A.

REVIVAL OF AN OLD THEORY CONCERNING THE FUNCTION OF THE SPLEEN. —*Herzen*—Professor of Physiology at Lausann—has for several years been endeavoring to reinstate a half-forgotten theory of the splenic function originally defended by Schiff. This theory, based upon the alleged fact that extirpation of the spleen robs

the pancreatic juice of its power to convert albumins into peptone, holds that a ferment capable of turning the zymogen of the pancreas into trypsin is supplied by the spleen, which thus forms a necessary adjunct to the full power of the pancreatic juice. The experiments upon which Schiff formed the theory lack confirmation—indeed have been squarely denied. Hence Herzen's easy assumption of their verity and his conclusions drawn from his own experiments based upon them must for the present be considered to be defective. He has recently, however, reaffirmed his position and added new experiments in its support. He finds, for example, that the addition of splenic material from a well-fed dog to the pancreatic fluid of a fasting one renders the fluid capable; while the same pancreatic fluid alone, or with a spleen from another fasting dog is incapable of converting albuminoid material into peptone. Whether this theory be true or false we are still at liberty to regard the spleen as the birthplace or grave (perhaps both) of the blood corpuscles.—*Revue Scientifique*, Nov. 25, 1882. W. T. S.

#### TREATMENT OF INTUSSUSCEPTION.—

An exhaustive discussion of this subject has recently taken place at the Clinical Society of London, from a resumé of which in the *Brit. Med. Journ.*, of Dec. 16th, we make the following notes: It started with a report by Mr. Godlee of three cases of abdominal section in young children, one of which was successful. Mr. G. Brown had attempted abdominal section in one case but found the invaginated portion so firmly glued in its position by peritonitis that it could not be withdrawn, the patient dying in consequence six hours afterwards unrelieved. Dr. Glover had had a happy result in one case in the early stage from belladonna, opium failing. The general sentiment, how-

ever, favored early treatment by inflation and operation, although there is a great difference between simple intussusception which may last for weeks when the bowel is not strangulated, and strangulated intussusception in which peritonitis is almost certain if the operation be delayed. The former are most amenable to inflation and rectal injections, the abdomen being kept relaxed by an anæsthetic. In protracted strangulation, however, with severe symptoms, and probability of adhesions or of softening of the bowel from inflammation, such measures are contraindicated just as in hernia taxis is to be avoided in a similar state of the bowel. Should inflation fail in a severe case, abdominal section is at once to be had recourse to, just as in hernia herniotomy is the alternative of taxis. The incision should be in the median line and antiseptic precautions are advisable. Difficulty is sometimes experienced in returning the distended bowels to the abdominal cavity and Mr. Haward had found it necessary in one case to puncture them with trocar and canula to withdraw gas and liquid, subsequently closing the opening with a carbolized suture. Where the intussuscepted portion cannot be withdrawn as in Mr. Brown's case it was recommended that nature's method—sloughing and separation of the inclosed portion—be imitated, by excising all the implicated bowel and stitching together the cut ends. Mr. Howse has already done this twice but without success. To prevent fæcal matter passing into peritoneum, he recommends that a thin sheet of gutta-percha, with a slit in the centre be spread before the abdomen and all the bowel to be operated upon be drawn through the slit. In certain cases where the bowel protrudes through the anus, Howse would amputate it securing the cut end by pins, which an Italian surgeon has already inadvertently done, the patient recovering.

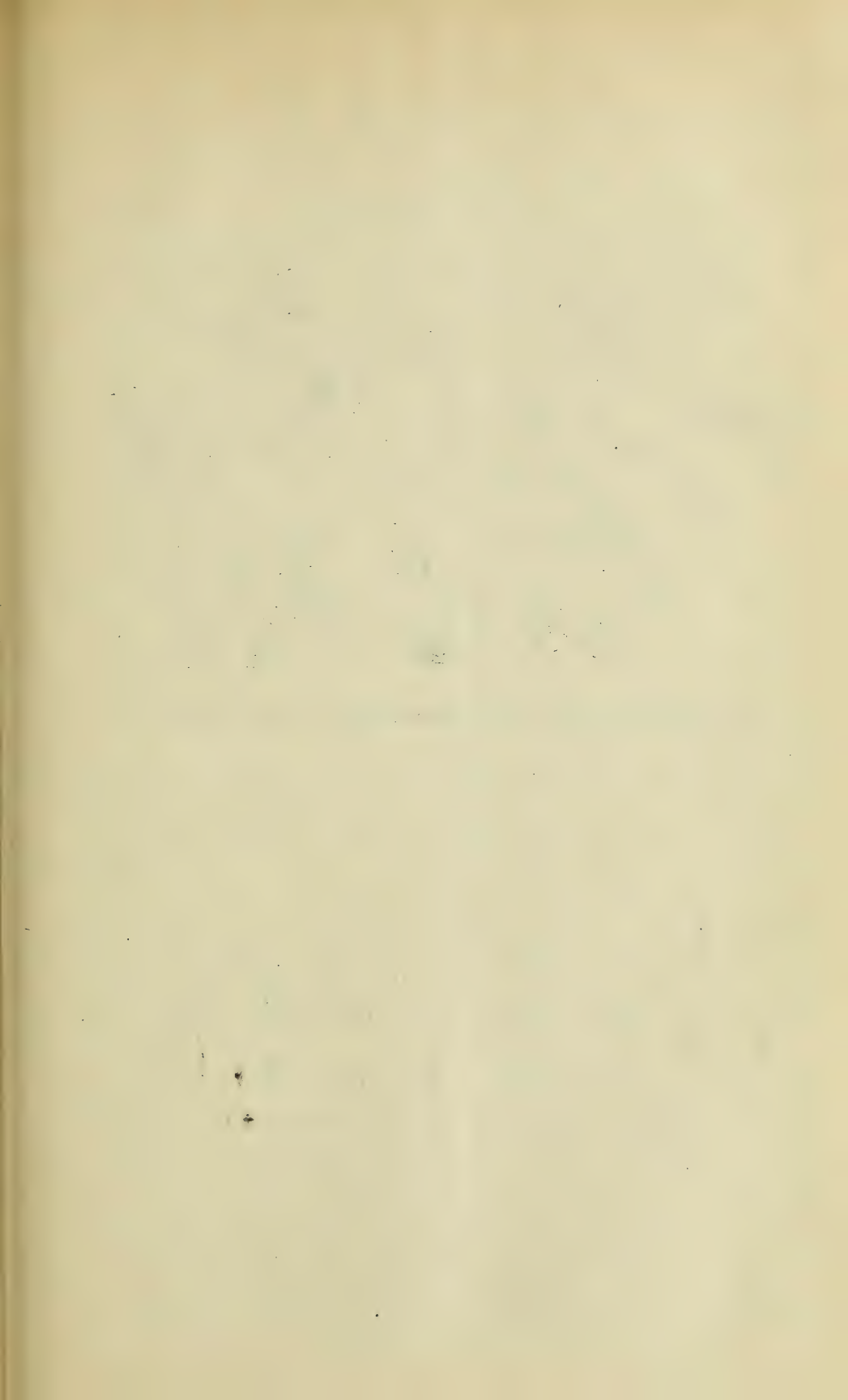


SOCIETY BULLETIN.—*Clin. Soc. of Md.* will meet Friday, Feb. 2nd, 8.30 P. M.; Dr. H. F. Formad, of Philadelphia will, by invitation, read a paper on "Etiology and Pathology of Tuberculosis." *Med. Association* will meet Monday, Feb. 12th, 8.30 P. M.; Dr. Rohé will open the discussion on the "Treatment of Acne." *Acad. of Medicine* will meet Tuesday, Feb. 6th, 8.30 P. M. *Med. and Surg. Society* meets every Wednesday, 8.30 P. M. *Obstet. and Gynecol. Section, M. and C. F., of Md.*, meets on 4th Friday of each month, 8.45 P. M.

### MEDICAL ITEMS.

DR. J. FUSSELL MARTINET has been appointed Chief of Clinic to the Chair of Diseases of the Throat and Chest, Women's Med. College of Baltimore. =Dr. W. T. Sedgwick will deliver three lectures at Johns Hopkins University, Feb. 6th, 8th and 13th, on "The Physiology of Reflex Actions." Mr. H. H. Donaldson will deliver two, Feb. 15th and 20th, on "The Influence of Digitaline Upon the Circulatory Organs." =E. M. Hartwell, M. D., has been appointed Instructor in Physical Culture in the Johns Hopkins University. =Miss M. C. Thomas, daughter of Dr. James Carey Thomas, of Baltimore, has just been awarded the title "Doctor of Philosophy" by the University of Zurich, Switzerland. =For the Free Saturday Lectures Course under the auspices of the Biological and Anthropological Societies, of Washington, Dr. D. W. Prentiss is announced for one Feb. 3rd, on "Mesmerism in Animals (with Experiments)," and Dr. Billings for one Feb. 17th, on "Germs and Epidemics." =Senator D. W. Voorhies will deliver the address to the Graduating Class at the approaching commencement of the College of Physicians and Surgeons of Baltimore. =Dr. Christopher Johnston requests us to state that his operation of skin

trephining for small tumors and ulcers, as described at the meeting of the Clinical Society of Maryland, Dec. 15th (see this Journal, of Jan. 15th), can readily be done *without* as well as *with* anæsthesia, local or general. =Photographs of the late Dr. James M. M. Ambler, Passed Assistant Surgeon, U. S. N., taken from the excellent crayon of Dietrich, can be obtained by his friends at Cummins', No 48 and 50 North Charles St., Baltimore. =Professor L. McLane Tiffany has lately, at the University Hospital, successfully ligated the common femoral artery just below Poupart's Ligament for an aneurism of that vessel due to a stab. =Dr. George M. Beard, a well-known and prolific writer on Diseases of the Nervous System, died in New York on the 23rd ulto., æt. 43, of embolic pneumonia, due to an abscess of the upper jaw. =Dr. W. B. Canfield has been appointed chief of the Surgical Clinic at the University of Maryland, *vice* Dr. Christopher Johnston, Jr., transferred to Clinic of Diseases of Eye and Ear. =We are requested to announce that the 8th session of the International Congress will take place in Copenhagen from the 10th to the 16th August, 1883. =There is some talk of forming an Obstetrical and Gynecological Society in Baltimore, the Section of the Med. and Chir. Faculty in this department not seeming susceptible of development and activity which are to be desired. =The Sisters of Bon Secours, a Catholic order of unpaid nurses from Paris, have met with such success in Baltimore that they have sent home for assistance. =The University of Glasgow has 2,270 students, of whom 623 are in the medical department. =A case is reported of fracture of the hyoid bone from gaping in a man, æt. 27. For three weeks there was exquisite pain on touch and great pain and distress in deglutition. The patient recovered, although he suffered much from inanition.





## A detailed black and white illustration of various cellular structures, likely representing different stages of cell division or different types of cells. The structures are irregularly shaped, some with prominent nuclei, and are arranged in a cluster. The drawing is signed 'H. H. H.' in the bottom right corner.

A diagram illustrating the arrangement of chromosomes in a cell during metaphase. The chromosomes are arranged in a row, and the spindle fibers are shown as arrows pointing towards the poles.

*Drawn by Newberry A. S. Keyser, Balio.*

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WHOLE No. 104.

BALTIMORE, FEBRUARY 15, 1883.

VOL. IX, No. 20.

## ORIGINAL PAPERS.

### IS GONORRHOEA A BACTERIA DISEASE?

SOME INVESTIGATIONS CARRIED ON IN  
THE OUT-DOOR DEPARTMENT OF SUR-  
GERY OF THE UNIVERSITY HOSPITAL,  
BALTIMORE.

BY NEWBERRY A. S. KEYSER,

Student of Medicine at the University of Maryland.

There is probably no question of more interest before the profession to-day than that of the dependence of infectious diseases on the presence of certain definite organisms.

When we see a man one day in full health, and the next day sick; when we see, furthermore, that his sickness follows a certain definite type, that at one time we will always have inflammation of certain organs, or that his fever lasts a certain time and is of a certain degree; and then, after a time, his disease either terminates in recovery or in death, we are almost instinctively led to suppose that something has entered into the body pro-

ducing, as the effect of its presence, these changes. It would be just as logical to suppose that a field of grain could arise spontaneously, as that diseases, which differ among themselves, as the different sorts of grain might be said to differ, could have a spontaneous origin. The body represents the passive field, the disease the growing crop, the seed sown in the field from which the crop proceeds the *materies morbi* of disease. That this *materies morbi* is in every case a definite living organism is a matter which may now almost be considered as having been proven, not only by direct but also by indirect experimentation.

This question is one of interest in advancing the general art of medicine, and of bringing it nearer to its ultimate goal, that of withdrawing it from the sloughs of speculation and of making it a science in the true sense of the word. It is also a question from which has sprung practical results of the utmost importance, not only in hygiene but also in therapeutics.

Among the diseases which we know



are caused by a definite organism, and in which the organism is distinguished by peculiarities of form and of growth from other organisms, is gonorrhœa.

To Prof. Neisser, of Breslau, is due the credit of having discovered the constant presence of a bacterium in the secretions of gonorrhœal inflammation. For a long time past it has been asserted by various observers that bacteria were present in the gonorrhœal secretions, still no definite description of their forms was given. In the indefiniteness of our knowledge a few years ago concerning bacteria, the presence of minute objects under the microscope and of debris of all sorts was sufficient to cause a diagnosis of bacteria to be made. Neisser\* was the first to furnish us with any positive light on the subject. His investigations published in 1879, on the "Organisms Found in Gonorrhœal Pus," are of extreme interest; not only for their intrinsic worth, but also as giving the impetus which has started a number of investigators to work on the subject, giving results worthy of our closest attention.

Neisser investigated the secretions of thirty-five cases of gonorrhœa, also seven cases of purulent ophthalmia neonatorum and two cases of blenorhœal ophthalmia in adults; and in each of these cases he found constantly a peculiar form of micrococcus. These micrococci occur in groups, which are always intimately connected with the pus corpuscles and apparently situated in the bodies of these; though Neisser says, that when they are observed with the best homogeneous immersion glasses, they will be seen not in the body of the cells but upon their surface. The single individuals, he continues, are half-round in shape and unusually large. They are seldom

seen lying singly. Almost always one sees two micrococci lying close to one another; so closely, indeed, that they give the observer the impression of a single organism having a shape similar to that of the figure eight. As a general rule, in the pus cells multiples of them are seen; two, four, eight, sixteen, and so on; and in some cases their number in the cells is so great that the cells will be completely filled with them, resembling then very much the plasma cells described by Ehrlich. Neisser also investigated pus from other sources and failed to find them, viz: Soft and hard chancres, bubo of every description, etc., etc. In thirteen cases of simple vaginal secretion they were not found; but they were found to be abundant in the purulent secretions of two young women who were proven to have been misused by a man suffering from gonorrhœa. These experiments of Neisser have been confirmed and extended further by various observers.

Weiss\* found these micrococci in twenty-three cases of gonorrhœa in females, and nine cases of the disease in males; but failed to discover them in his investigations of the secretions of simple urethritis, different forms of chancre, bubo, balano-posticus, vaginal leucorrhœa and suppurative arthritis.

Bokai† cultivated the cocci from secretions of (a) an acute conjunctival blenorhœa which was a few days old; (b) an acute conjunctival blenorhœa of the second week (c) acute gonorrhœa of the first, second and third week. Bokai does not describe his exact method of cultivation; but contents himself with saying, that it was done in such a manner as to preclude the presence of other organisms. Each

\* Dr. F. Weiss.—"La Micro du Pus Blenorhagique," These de Nancy, 1880, and Gazette Hebdom., Nov. 12th, 1880.

Weiss.—Annales de Dermatol., 1881.

† A. Pokai.—"Ueber das Contagion der Acuter Blenorhœæ." Centralblatt, 1880, No. 74.

\* A. Neisser.—Centralblatt f. d. Med. Wissenschaft., 1879, No 28, 'Ueber ein der Harnrehs-trippers eigenthuemliche Mikrokockenart.'

of his culture fluids after two or three weeks was swarming with micrococci, which were in every way identical with those described by Neisser. With these cultivated micrococci, infection experiments were made on the human urethral mucous membrane. Six students, whose self-sacrifice in the interest of science is ever to be commended, offered themselves as subjects of experiment. In three cases an acute urethral gonorrhœa, with all the well-known symptoms, was caused.

Neisser's results were also confirmed by Aufrecht,\* Ehrlich,† Gaffky, Rücker,‡ Brieger; and by the ophthalmologists Sadtler, Leber, Haab,§ Hirschberg¶ and others.

In a second publication on the subject||, Neisser again lays great stress on the fact that the micrococci described by him in his previous communication differ not only functionally, but also morphologically from all other forms. He describes fully their manner of growth, which he illustrates as shown in Plate II. His description is as follows :

(a) The isolated micrococcus is round.

(b) It grows very soon to a long-oval, short corpuscle.

(c) It then quickly begins to divide in the middle: so two micrococci arise. It cannot be decided whether the great majority of micrococci which are seen in this stage, *i. e.* in pairs, depend on a long adherence of the

two single micrococci to one another, or whether it is that the multiplication by division takes place so rapidly that the single individuals in their isolated form seldom come under observation.

(d) Finally, the single micrococci separate from one another, and remain separated by an interval which corresponds to the size of a micrococcus.

(e) Soon the single micrococci begin again to elongate; but this time their direction is at right angles to the first division-plane. In this manner, in that every individual again divides into two micrococci, very frequently small groups of fours arise. These colonies of micrococci are enclosed in a mucous-like membrane, which is made visible by the throwing in of diaphragms.

Neisser cultivated these bacteria and found that the best results were obtained from a cultivation on flesh-extract peptone gelatine of neutral reaction. The prepared gelatine was spread out in shallow vessels and inoculated with the gonorrhœal secretion. After this inoculated gelatine was kept twenty-four hours in a warm chamber, it was covered with a soft yellowish-white membrane having serpiginous edges. He carried this cultivation through seven generations, and made numerous inoculation experiments on the lower animals, but without success.

So far we see that it was pretty certainly ascertained that this form of micrococcus is always associated with gonorrhœa; still, the causal connection between the two could not be considered as being satisfactorily established; the only work which had been done on the subject being that of Bokai, which left much to be desired in clearness.

The next work on the subject was that of Krause.\* This investigator

\* R. Aufrecht.—Pathologische Mit.

† Ehrlich.—"Ueber Methylen blau und s. Klin. Bacteriologische Verwendung." Zeitschr. f. Klin. Med. I, pg. 70, 1881.

‡ G. Ruecker.—"Ueber Polyarthrits Gonorrhœa." Deutsche Med. Woch. 1880.

§ O. Haab.—"Kleinere Ophthalmologische Mit." Corres. f. Schweizer Aerzte. O. Haab.—"Der Mikrokoccus der Blenorhœa Neonatorum." Festschrift, Wiesbaden, 1881.

¶ Hirschberg and F. Krause.—"Zur Pathologie der Ansteckende Augenkrankheiten." Centralblatt f. pract. Augenheilkunde.

|| Neisser.—"Die Mikrokoccus der Gonorrhœa." Deutsche Med. Wochenschrift, Mai 1882, No. 20.

\* Dr. F. Krause.—"Der Mikrokoccus Blenorhœa Neonatorum." Centralblatt f. pract. Augenheilkunde, Mai 1882.



cultivated the cocci obtained from the blenorrhœal secretion, using for his culture fluid sterilized blood serum from sheep, kept at blood temperature. The material used for the culture was taken from the eyes of twelve children affected with blenorrhœal ophthalmia, altogether from twenty-three eyes, and in all of these, after first determining the presence of the characteristic micrococci, pure cultures were made. K. described very fully the manner of growth of these micrococci; and, according to him, their growth is slow and spreads over the gelatine in a thin yellowish soft membrane. Inoculations with the cultivated material, as well as with the fresh blenorrhœal secretion, on the cornea, in the conjunctival sac, and the urethra of grown rabbits, also on the cornea and conjunctiva of young cats, pigeons, mice, etc., all gave negative results, as did also subcutaneous inoculations of rabbits and mice. But in the case of four new-born rabbits, successful results were obtained by inoculations on the conjunctiva of material from the pure culture.

Königstein \* has made frequent inoculation experiments with the secretions of blenorrhœa neonatorum. This was smeared into the eyes of rabbits and dogs; and in some cases, after so doing, the eye was sewn up. Here all results were negative, even those made on puppies which were still sucking. In speaking of the microscopic examination of the secretions, Königstein confirms Neisser's discovery, but does not agree with him in considering the diplococci as characteristic of a gonorrhœal inflammation of a mucous membrane. He seems to come to this conclusion because his inoculations on animals were not successful.

In Sept. 1882. Bockhart\* published his experiment in inoculating the gonococci on the sound human urethral mucous membrane. His description leaves nothing to be desired in point of clearness. The subject of the experiment was a forty-six-year-old paralytic, completely anæsthetic, whose death was expected daily. The material used for infection consisted of gonococci grown in flesh-infusion gelatin, through four generations.

The urethra of the individual experimented on was previously perfectly sound. Forty-eight hours after injection there appeared at the meatus urinarius a slight redness, and on pressure a small quantity of mucous secretion could be obtained. The symptoms increased, and on the sixth day a typical gonorrhœa was found, which increased in severity up to the twelfth day, when the man died. During the whole time the characteristic gonococci were found in the abundant secretions. On post-mortem examination the urethra was found in a state of acute inflammation.

From these experiments, and particularly from the one last quoted, the causal connection between the characteristic micrococci, or *gonococci* as they are called, and gonorrhœal inflammations seems established. In all inoculation experiments with these bacteria we have to contend with the same difficulty that is found in the case of lepra and others diseases; that is, the almost impossibility of transferring them in any way to the lower animals; and, we have not yet reached that point of civilization, when the law would turn over to pathologists, for experimental purposes, the organs of condemned criminals. To assume in all cases that an organism cannot be held as a cause of a disease, because it will not produce a similar

\* Koenigstein.—"Zur Prophylaxis der Blen. Neonatorum." Vortrag gehalten in d. k. k. gesellsch. d. Aerzte in Wien.

\* Bockhart.—"Beitrag zur Aetiologie und Pathologie des Harnröhrestrippers." Sitzungs Ber. d. Wurz., Phys. und Med. Gesellschaft, Sept. 1882.

disease in another species, were just as logical as to say that seed were inert, because, when thrown into the street or upon a rock, they would not germinate.

Ogden,\* however, has described similar forms of micrococci in pus coming from other sources, and depicts in pus of abscesses taken from various parts of the body forms agreeing almost exactly with the gonococci of Neisser.

It was with the object of satisfying myself, as to the correctness of Neisser's views, that I undertook the examination of a large number of cases of purulent secretion taken from all possible places, and occurring in a number of different pathological conditions, as well as the investigation of a large number of gonorrhœal cases.

The method used for the microscopical examination was that recommended by Koch and Ehrlich, and is extremely simple:—The secretion is spread out evenly, and in a thin layer, on a cover slip. This being best effected by placing on one cover-slip a drop of the secretion to be examined, and covering it with another slip. The fluid will then spread out and fill up all the space between the two. By then drawing one from the other (not pulling them apart) a thin layer not more than one cell deep is obtained on each. Then, in order to render the albumen insoluble and prevent a too diffuse staining of the specimen, the cover-slip is heated up to about 110° C. (230° F.). The desired point of heat is readily reached by drawing the slip, with the side to be examined uppermost, through the flame of a Bunsen burner or an alcohol lamp, two or three times. The albumen may also be rendered insoluble and a good staining produced by other methods; such, for instance, as immersing the cover-slip in absolute alcohol for several days or weeks;

but the method described will be found the simpler and will give in the main better results.

For staining the specimen a two per cent. aqueous sol. of methylen blue was found most desirable. The cover-slip, having been prepared by the method described, a few drops of the staining fluid was poured upon it. This was allowed to remain for about ten minutes. The slip was then held in a stream of running water, and, after being allowed to dry, was mounted in the usual manner in balsam.

This method is the only way in which one can hope to be able to make a positive diagnosis as to the presence of bacteria in albuminous fluids. Preparations of gonorrhœal pus made in this way are extremely beautiful. The dim outlines of the pus cells can be seen; their nuclei are slightly stained, and in some of the cells the gonococci will be found. These are present in variable numbers. In some cases they are so abundant, that in one field of the microscope, several cells containing them will be seen; at other times, a long search is necessary before they can be found. They are always most abundant in the early stages of the disease, when there is a thick creamy discharge. Their appearance is so characteristic that when once seen they are not readily mistaken for anything else. Rarely will other forms than these be found in the gonorrhœa of the male. In the female, on the other hand, there will be found along with these characteristic forms other forms of the innumerable species of bacteria which seem to have their favorite abode in the vagina.

By the kindness of Prof. Tiffany, I was permitted to carry on my investigations in the out-door department of surgery of the University Hospital.

In the course of these investigations I have examined the secretions of *sixty-seven* cases of gonorrhœa in males

\* Langenbeck's Arch. f. Chirurgie.



with durations varying from two days up to nine months, and in none of these save three were the characteristic gonococci missed. In two of the cases where they were not found, one of six months and the other of two months duration, the secretion was extremely scant, and the cases had been treated vigorously; and in the remaining case giving a negative result, which was of one week standing, the secretion was likewise very scant, having stopped, to be succeeded by a bubo of an inguinal gland. Of the whole number of cases of gonorrhœa examined, *thirty-three* were from whites and *thirty four* from negroes; but I could distinguish no difference in regard to the number or character of the gonococci in either case, to explain the asserted fact that the negro suffers less under the gonorrhœal inflammation than does the white man.

The description of the gonococci, as given by Neisser, has been found in the main to be correct; but, I differ with him in thinking that the bacteria lie upon the surface of the pus corpuscles, and am of the opinion that they are contained within the cells themselves. Sometimes they are seen lying free, apart from the cells; in which case, it is most probable that during the manipulation of the specimen some of the cells have been crushed and thus the bacteria have escaped.

There were also investigated with a *positive* result with regard to the gonococci: *one* case of ophthalmia neonatorum, in which the eyes had been destroyed, and *three* cases of purulent ophthalmia in adults, in which the patients were known to have had gonorrhœa; and, further, the urethral secretions of two of them were examined and the *specific bacteria found*. In *two* cases of muco-purulent ophthalmia, one in an aged negress and the other in a child of three years, the gonococci were *absent*; also the secre-

tions of *three* cases giving the history of simple urethritis were investigated, and no specific micrococci could be found; although there were large numbers of other forms of bacteria present.

The history of these cases of simple urethritis is as follows:

CASE I.—An epileptic, very anæmic, and suffering from spasmodic stricture of urethra, for which sounds were being passed, who stated that he had never had the gonorrhœa, but that for some time past, at intervals of every three or four weeks he had had a slight urethral discharge, accompanied with some inflammation and a burning pain on urination, which discharge would disappear in a few days without treatment.

CASE II.—A married man, who was suffering from a thick creamy discharge, and who earnestly asserted his freedom from any possible contaminating influence and who was just as confident also that his wife had no specific disease.

CASE III.—A history similar to that of Case II.

The latter cases are of a kind commonly met with in practice; and, although the history is not reliable by itself, yet the negative results of the microscopical examination justify me, I think, in calling them cases of simple urethritis.

In *one* case of gonorrhœal knee inflammation, where the patient had had a specific vaginitis, but was now free from discharge, the fluid was withdrawn through a hypodermic needle and examined. It contained only a few rod-shaped bacteria, which most likely were accidentally present. This negative result corresponds to those obtained by Neisser, Brieger and Ehrlich in their investigation of similar cases.

A negative result also attended the investigation of pus from *four* cases of gonorrhœal bubo. In *four* cases of vaginitis, in which the history could

not be relied upon to determine the specificity of the disease, all manner of bacteria were found; but only *one* of these gave the gonococci. While in *two* cases with a distinct history of specific vaginitis the gonococci were found to be present.

Besides those already mentioned I have investigated secretions from the following sources: *Seven* cases of abscesses from various parts of the body and arising from various conditions and causes; *nine* cases from healthy granulating wounds; *seven*, from chancroid; *three*, from periostitis of finger; *one*, from cellulitis; *one*, from syphilitic bubo; *three*, from mucous patches; *one*, from superficial syphilitic ulcer; *four*, from sebaceous tumors, and *seven*, from ulcers of various sorts and conditions. Also, *two* cases each of necrosis of bone, furuncle and hydrocele fluid; and *one* case each from carbuncle, cancer of mouth, acne pustule, lochial discharge, leucorrhœal discharge, meibomian cyst, rectal sinus, cystitic urine, abscess over mastoid process following otorrhœa, vaccine pustule, pustule on hand, retention cyst of labia majora, fluid from eczema, and fluid from vaccine vesicle.

It would be too great a task to give in detail any description of the various forms of bacteria which were found in these cases, it being sufficient here for me to state that in *no* case were the *gonococci* found.

Pus obtained from *three* cases of erysipelas was also investigated. One of these cases complicated a gun-shot wound of the leg, and the pus was taken when the disease was at its height; another, from the sinuses resulting from a necrosed femur, in which the pus was taken five days after the erysipelas had set in; and in the third, complicating a wound of the hand, the pus was collected when the disease had nearly disappeared. In these three cases, forms of micrococci were found which very closely

resembled those found in gonorrhœal secretion; still, on careful examination sufficient points of difference were observed to enable us to make a certain diagnosis between the two. These micrococci were found inside the cells. They differed, however, both in size and shape from the gonococci; not being so large, nor had they the characteristic biscuit-shaped form, nor the arrangement in pairs so characteristic of the former.

In my collection of secretions, I have found very convenient a strongly made box of about four or five inches in length, and in width and depth a little over the dimensions of the square cover slip used. It having slits on either side of its interior into which the cover-slips will fit snugly, each slit being numbered. The numbering of the slits enables one to keep each case distinct with its history, which may be written on a paper numbered correspondingly. Such a box may be carried in the pocket of the bacteria investigator containing clean cover-slips ready for collecting fluids, etc., at a moment's notice, and will prove of inestimable value to the worker. Furthermore, in all investigations upon bacteria it is absolutely necessary to use high powers. The ordinary powers used, such as the "quarter" or the "sixth" will not enable one to do more than recognize the presence of bacteria. To differentiate between the forms of micrococci with less than a "tenth" or a "twelfth" immersion objective is difficult. I have used principally in my investigations an immersion of Reichart, a fifteenth, giving with a low eye-piece a magnifying power of about eight hundred diameters. The homogeneous immersion gives, however, results far better than the others.

Convinced of the parasitic nature of gonorrhœa, I was led to undertake its treatment by means of germicide injections.



This principle of treatment has been used by Cheyne,\* who employed a sol. of sulpho-carbolate of zinc as an injection, with also rods of eucalyptus and iodoform, with satisfactory results.

Having learned of the various experiments made in the *Gesundheit Amt*, in Berlin, of the power of the *corrosive chloride of mercury* as a germicide, even when used in extremely weak solutions, I was led to use it as an injection for gonorrhœa. In so doing the irritative action of the agent must of course, be carefully watched; and, so far, I have found best to employ the following:

R̄ Hydrarg. corros. chlor., gr. ¼  
Mucilag. acaciæ, ʒi;  
Aquæ, ʒiv. M.

To be used as an injection twice a day. The patient being directed, of course, to urinate before injecting and to hold in the injection for several minutes by grasping the meatus urinarius. In a number of cases this treatment has been found to stop the discharge within forty-eight hours; sometimes, after the second injection. When the discharge has ceased it is necessary to still continue the treatment for five to ten days longer, using the same injection, diluted with as much water. This being done the discharge seldom returns. If the injection given causes great irritation of the urethra, as evinced by extreme burning on urination, the injection should be still further diluted; but a slight burning upon the first one or two injections may be disregarded. I have treated some cases with the corros. chloride in combination with astringents and opiates, but these gave apparently no better results; although, without doubt, under certain conditions their addition would prove an advantage.

Up to the present, the results that I have obtained have led me to believe

that in this agent we have the best and surest remedy for gonorrhœal inflammation. So far I have been able to treat but a limited number of cases; and a further publication will follow, giving in detail the results obtained in a large series of cases.

In following up this treatment, I have examined repeatedly, in a number of cases, the secretions from time to time; and have found that, under the action of the *corrosive chloride*, the *gonococci* rapidly scatter and finally disappear.

Since these investigations were begun there has come to my notice a paper upon this subject, in which \*Leistikow has also reported this treatment; and, as he says, used it with excellent results. It is satisfactory to note that although the investigations carried on by myself have been entirely independent and without knowledge of L's work, yet the results have been about the same in both instances. He, however, uses more dilute solutions. These two sets of investigations were suggested by the same basic scientific principle. There has come to my notice since completing these investigations an article by G. M. Sternberg, M. D., in the *Philadelphia Medical News* of Jan. 20th and 27th. The author denies that the *gonococci* are specific organizations, and avers that they are identical with the ordinary micrococci found in fermenting urine, i. e. the *micrococci ureæ* of Cohn. He was led to this belief from his inoculation experiments of cultures made in fluid bouillon. It is most probable that his cultures were not pure, for it is now a fact generally conceded that the pure culture of bacteria for any length of time in a fluid media is an impossibility. It was the generally present *micrococcus ureæ* that he cultivated and of course his inoculations with this culture were unsuccessful.

\* London Lancet, May 12th, 1882.

\*Leistikow.—Deutsche Med. Zeitung, 1882.

# THE LOCAL USE OF THE BICHLORIDE OF MERCURY IN DISEASES OF THE NOSE AND THROAT.

BY JOHN N. MACKENZIE, M. D., OF  
BALTIMORE.

Attending Physician to the Baltimore Eye, Ear  
and Throat Charity Hospital.

Some months ago, after reading a review of Koch's researches on the action of disinfectants and the extraordinary power which he found the salts of mercury to possess in the destruction of microscopic organisms (Mittheil. d. kaiserlich. Gesundheit., Bd. x., 1881), it occurred to me that I would experiment with the corrosive chloride of the metal in inflammatory conditions of the nose attended with profuse muco-purulent secretion. I did so on the theoretical assumption that, in arresting the development of micrococci in the discharge, a healthier action would be imparted to the inflammatory process, and the mucous membrane thereby placed under conditions which would favor a more rapid return to the normal state.

My first case was a man who had suffered for many years from a muco-purulent nasopharyngeal catarrh (non syphilitic) for which he had undergone almost every variety of treatment, but without alleviation of his condition. The discharge was very profuse, but without odor; the septum narium was perforated and the laryngeal membrane the seat of moderate catarrhal inflammation. Sleep was rendered unquiet by a sense of impending suffocation induced by the accumulation of crusts in the throat, whose expulsion was accomplished with great difficulty. After removing the hardened crusts, which came away as casts of the regions which they occupied, the nose, pharynx and larynx were sprayed thoroughly with a solution of the bichloride of mercury

in water (grs. ij ad Oj), and he was given some of the solution to use at home as a gargle and nasal wash. The edges of the perforation were touched with pure tincture of iodine. In five days the discharge had become scarcely appreciable and in ten had ceased completely. Apart from hygienic measures, no other treatment was used. The use of the mercury was discontinued. Six weeks later the patient called at my office to report that he had had no return of his trouble.\*

CASE 2.—A young lady, from whom I had removed the pharyngeal tonsil and hypertrophied membrane covering the lower turbinated bones for chronic nasal catarrh, still had some discharge from the left nostril which persisted in spite of orthodox treatment. A few days use of the bichloride in spray caused the discharge to disappear. She discontinued treatment, but two weeks later, returning home from a ball in a state of profuse perspiration, caught a cold which led to a reappearance of the discharge. This diminished rapidly, however, under the mercury spray.

CASE 3.—Atrophic catarrh (simple ozæna) in a young girl. After three applications of the spray, the offensive odor from the nose and mouth was completely removed; the nasal discharge was increased in amount, but free from fœtor.

CASE 4.—Syphilitic ozæna and mucous patches on the tonsils in a young negress—horrible fœtor of the breath and from the nose removed entirely in one or two applications.

CASE 5.—Post-nasal catarrh (first stage) in a boy; treated for several weeks with carbolized alkaline spray iodoform, boracic acid, etc., without effect—decided improvement in a few days under the bichloride. So marked

\* He has had since a return of the discharge from exposure which he checked promptly, however, with the original solution.



was the difference in effect produced by the two lines of treatment that the patient voluntarily requested that the bichloride be immediately substituted for the remedies which had been previously employed.

Encouraged by the success which followed its exhibition in the above cases, I began its use, to the exclusion of all other sprays at my clinic at the hospital and in my office, and so far have reason to be gratified with the result. At first I used a solution of two grains to the pint, but found that in one or two cases it produced a soreness of the nose and throat with slight epistaxis which lasted for some hours after its administration. The strength of the solution was accordingly diminished. The formula I usually employ is as follows:

R Hydrarg. bichlor., gr. ss.  
Aq. laur. ceras., ʒi.  
Aq. q. s. ad ʒviij.

M.

This may be increased in strength, according to circumstances. In the above dilution, the drug is perfectly innocuous as far as its effects on the general system are concerned. In using this solution in the nose, the patient should be directed to expel any mucus which perceptibly clogs the passage; when this is very thick and tenacious, or where crusts are present, these should be removed before applying the remedy; the nose should then be thoroughly sprayed with the anterior, and the nasopharynx with the retro-nasal tube. This should be done once daily until improvement takes place. In a stronger solution (grs. v—vj ad Oi) it acts as a destructive (corrosive) agent. In one patient, whose nostril was blocked by a posterior turbinated hypertrophy, I used the strong solution through the nares and in a few minutes afterward removed the redundant tissue with the *écraseur*. The superficial layers of the mucous membrane were found

completely destroyed by the corrosive action of the mercury. I would not, therefore, recommend its use in this strength to those who are unable to watch its action with the rhinoscopic mirror. In some instances I have exhibited the bichloride internally (commencing with gr.  $\frac{1}{12}$ ) in conjunction with its local application in the nose, and I may add that I have found this preparation of mercury more generally useful in catarrhal conditions of this region than the biniodide of the metal as recommended by some practitioners.

As a disinfectant in *ozæna* and *fœtor* of the breath from pharyngeal disease it surpasses any remedy I have yet experimented with. It will often remove the odor which carbolic acid and other well-known agents have failed to dissipate. The only objection which its use as a mouth-wash involves is its disagreeable taste, but this is fully compensated for by the disappearance of the odor from the breath.

In atrophic nasal catarrh it is an excellent palliative and seems to increase, and at the same time give a healthier character to the secretion; but I am unprepared to say whether it exerts any curative effect upon the disease.

In my own person, I succeeded in aborting an attack of acute coryza by spraying the nostrils several times with the bichloride solution.

In chronic nasal catarrh its effects are also decided. At first there is an increase in the amount of secretion, which is occasionally slightly tinged with blood. In a few days this diminishes in quantity, becomes less tenacious, and, in some cases, ceases altogether. It cleanses the passage thoroughly and at the same time exerts an agreeable astringent effect which lasts for some time. The drug, besides thoroughly disinfecting, acts as a mild irritant, stimulating the glandular function of the mucous

membrane, and exciting it to a healthier reaction. Rapid and decided amelioration may be expected in the earlier stages of hypertrophic catarrh; but when the hypertrophy has advanced far enough to diminish the lumen of the naris, nothing can take the place of operative or destructive measures.

It is not my purpose to overestimate the influence of the bichloride of mercury in the local treatment of catarrhal inflammations of the nasolaryngeal cavities. I simply claim that it is superior to many of the well-known local remedies which are used in the treatment of catarrh; that in so far as my experience goes, it is an excellent and trustworthy palliative; that in some cases, where operative or destructive methods were contraindicated, it has caused a cessation of the inflammatory process and a return to the normal state; and that as a corrective of the odor in foetid conditions of the nose and pharynx it is invaluable.

### HOSPITAL REPORT.

#### REPORT FOR JANUARY, 1883, OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

BY HERBERT HARLAN, M. D.,

Assistant Surgeon and Lecturer on Ophthalmic Surgery.

The work at the above institution for the past month has been somewhat interfered with by the continued bad weather we have been lately experiencing; but on comparing it with other years I find that the number of patients has been in excess of that of the first month of any previous year. The number of individuals treated from Jan. 1st to Jan. 31st, inclusive, has been 424. These paid 1,577 visits to the hospital. The largest number seen in any one day was 107 and the

smallest 31. Number of operations, 47.

A few cases in the eye department may be mentioned a little more in detail.

CASE I.—*Detachment of Retina.*—W. R., æt. 52, a carpenter, was struck in the right eye Jan. 4th, with the head of a nail. When he was seen one week later and examined with the ophthalmoscope, I found a large detachment of the retina over nearly all the fundus, except over and just around the entrance of the optic nerve. The vitreous was clear and the disc perfectly sound. He had only light perception. Five days later, probably from recent hemorrhage or effusion, the detachment was complete, except at the extreme temporal margin. When this portion was illuminated a reddish reflex was obtained, and the patient had faint light perception.

He said the pain immediately following the blow had been intense for about a minute, when it all passed away, but had again returned during the last twenty-four hours. I suppose this was when the secondary detachment had taken place. He was very anxious to know if his sight could be restored, and probably as a result of a candid but unfavorable prognosis he never returned to the hospital.

CASE II.—*Detachment of Retina.*—H. A., æt. 42, a German, was at home reading quietly one evening, when he laid aside his newspaper to go across the street for a glass of beer. After a single glass he returned and found that his vision was disturbed, and that he could not see the paper with his right eye when he looked directly at it. When he came to the hospital two days later, he was entirely blind for objects immediately in front of him, while those nearer the edge of the field were about as plainly seen as usual.

Ophthalmoscopic examination of the region of the fovea showed an irregularly elliptical red spot about



twice the size of the optic disc, evidently due to hemorrhage between the choroid and retina. The edges were sharply defined, and the retinal vessels, while apparently stopping abruptly at the edge of the mass, could by careful focussing be indistinctly made out all the way across, and appeared sharp and clear again on the other side. The rest of the fundus was normal.

During the two weeks the patient has been under observation, no perceptible change has taken place.

These two cases are of interest as illustrating the etiology of these affections. Blows, received either directly on the sclerotic or through the lids, are by far the most common cause of detached retina; and next to this the detachment is most frequently due to effusion of blood between retina and choroid from rupture of a small vessel, for which, as in the second case, no cause can be assigned.

In the number of this journal for Nov. 1st I published some cases of purulent ophthalmia treated with iodoform. To these I now add the following:

CASE III.—*Purulent Ophthalmia*.—I. B., æt. 33, who had lost his right eye some years ago by an accident, presented himself at hospital with profuse purulent discharge from the socket. He said he had caught cold a few days previously, and for the last two days had not been able to wear the glass eye which he had been using for more than a year. The look of the socket and lids, and the characteristic appearance of the discharge, together with the admission that he was suffering from a clap at the time, was quite sufficient to establish a diagnosis of gonorrhœal ophthalmia. Here was a limited and accessible mucous surface to which remedies could be applied and their effects watched, and this with no fear of consequences to the patient in the final result.

A better opportunity to test the value of a drug in purulent ophthalmia could not have been desired. The socket was carefully washed and well filled with finely powdered iodoform. He was instructed to keep the eye clean, and was given a simple borax solution to use at home. For three days, the powder was freely used on the occasion of his daily visits to the hospital, and the fourth day the discharge had ceased and he was so much better that he asked when he might begin again to wear the artificial eye he had lately been carrying in his pocket. He was advised to defer this for some days at least. He did not again return to the hospital, and it is fair to suppose that he had no further trouble.

An interesting class of cases has been that of corneal ulcerations following attacks of small-pox. In the majority both eyes were affected, but one always more severely than the other. The symptoms were those usually accompanying corneal inflammation. The pain, photophobia, interference with vision, etc., being greater or less according to the location of the ulcers. In almost half of the cases the eyes got sore from one to two weeks after the patient was practically well of the small-pox. A single case, occurring in a strong, hearty boy of twelve, with healthy parents, took the form of interstitial keratitis, and began one week after the small-pox had subsided.

In one case, complicated with blepharitis, yellow oxide ointment was used night and morning at home and atropia was dropped into the eyes at the daily visits to the hospital. In all the other cases atropia and iodoform were used once daily at hospital, and borax drops night and morning at home. Under this treatment all have done or are doing well. In a number of cases where the acute inflammation had subsided large opacities were left in the cornea. These, however, seem to clear away with unusual rapidity

the treatment for them having been calomel dusted into the eye, with a two grain solution of atropia daily. This happy result is doubtless in large part due to the youth of the patients, most of whom were children, and with one exception all under twenty years of age, and the fact is well known that corneal opacities clear up with comparative rapidity in young and healthy subjects, while in the adult if the cornea brightens at all it is only very, very slowly.

The single exception is a young man of 22 years, who has lately applied for relief and is still under treatment, the acute inflammation having not yet subsided. When this takes place the leucoma will be large and the final result interesting.

I have more or less complete records of fourteen of these cases, seen since the beginning of the present epidemic, and will probably report them along with others more in extenso at another time.

## CORRESPONDENCE.

### LETTER FROM NEW YORK.

NEW YORK, Feb. 5, 1883.

To the exclusion of almost everything else not immediately bearing upon their daily work, the profession in this city, and perhaps almost as much throughout the State, are occupied with the questions that have arisen in connection with the abrogation of the old code of ethics a year ago, and the adoption of the code now in force. Ever since that action was taken there has been a substratum of feeling among us—I speak now of the city more especially—that a mistake was committed at Albany last winter, and that the State society should be looked to to correct it at its coming meeting. This feeling can scarcely have been promoted to any considerable extent by the comments that have been made publicly in other parts of the country, for those comments we have been un-

able to construe as having been dictated by kindness; and hostile criticism generally fails to make converts. So far as the causes of the feeling I refer to are susceptible of interpretation, they are various in their nature. In the first place, there are those who never change, and who can see no good in anything new. These men are for the most part eminently respectable, but never heard of save in such a crisis as the present, when they muster in force for the purpose of putting down what they consider a dangerous innovation. Then there are those who, being quite young, have not yet found out by rough experience that some things taught them by the Nestors are not to be held to under all circumstances. These are as clay in the hands of those first mentioned, and may be trusted to do their bidding. There are others, too, and I fear they are not few, who are eager to achieve or keep up notoriety by joining in the cry that reaches them from the hay-loft and cheese-press elements in the profession. In justice, it must be added that there are some who in all honesty believe that the abolition of the old code, while it embodies a policy in which they discern something good, yet may open the door to a scandalous laxity of professional morals, if not to actual abuses.

With all this variety of motives, of course there has been a good deal of difference as regards the lengths to which men have been willing to go in the way of positive interference with the course things had been taking—from the violent declamation and plotting of a few to the passive willingness with which others were content to sign a petition, or, if not too inconvenient, attend a meeting.

Until quite lately it was felt by the opponents of the old code that their adversaries, taking them all together, were strong and determined. No surprise was created, therefore, when Dr.



Sayre introduced a resolution at a meeting of the County Medical Society instructing its delegates, in effect, to vote at the meeting of the State Society in favor of the restoration of the old code; but it was a surprise undoubtedly that a motion to table the resolution was promptly carried by a vote of 31 to 9. This straw first showed how the wind was blowing. Nothing daunted, the promoters of the movement took measures to have a special meeting called for the purpose of considering the matter. The meeting was held last Monday evening, all the members, about 900 in number, having been notified of its purpose.

Dr. Roosa moved the following:

"*Resolved*, That the Medical Society of the County of New York approves of the amendment of the by-laws of the Medical Society of the State of New York, adopted at the annual meeting of February, 1882, and that we endorse the system of medical ethics therein substituted for the former one, especially because it leaves the matter of consultations to the discretion, the honesty and the humanity of the individual practitioner; and, although we decline to instruct our delegates to the State Society, we respectfully recommend to our representatives that they labor for the simplification of the system of medical ethics until it shall not contain specific rules for the regulation of professional etiquette, but only authorize procedure against conduct plainly unworthy a physician and a gentleman."

The following substitute was offered:

"*Resolved*, That the code of ethics recently adopted by the New York State Medical Society should be rescinded," and, being ruled to be of the nature of an amendment, was first acted upon, after remarks by Dr. C. R. Agnew, Dr. Fordyce Barker, Dr. S. O. Vanderpoel, Dr. Andrew H. Smith, and others against it. The vote stood:

ayes, 60; nays, 147. Dr. Roosa's resolution was then put and carried by a vote of 135 to 43.

The delegates from this county, therefore, go to the meeting of the State Society to-morrow uninstructed, but backed by a heavy majority against the restoration of the old code. In spite of this decisive vote, however, I understand that a petition is now going round, to be presented, with as many signatures as can be obtained, to the State society, setting forth that the action of the county society does not represent the sentiments of the signers. It is not likely that this document will have any effect, but it would be hazardous in the extreme to forecast the action that will be taken at Albany. It is safe to say, however, that the restorationists have been dealt a decided blow.

#### RECENT APPEAL TO THE MEMBERS OF THE MEDICAL AND CHIRURGICAL FACULTY.

This document, issued by the Committee on Permanent Library Building, has excited an unusual degree of interest because of the intimation it contains that only "members *safely shelved*" shall be entitled to the privileges of the future library. The committee's authority to impose such a restriction has been called in question, and the few who do not question their authority condemn their action as in the highest degree unwise. The language of the committee, it is true, is somewhat ambiguous, and there are those who interpret it as meaning that any member after having safely shelved himself shall be entitled to make use of the library; but this view is not generally accepted, because it involves, besides many incidental inconveniences which it is believed the committee could not have overlooked, a greatly increased expenditure for extra shelving entirely out of keeping with their well-known policy of economy. The prevalent opinion is that they used the word "shelved" in its metaphorical sense; but it is evident that this horn of the dilemma is no

better than the other, for how on earth will the faculty be able to determine which of its members may be "safely shelved," and in all probability not a single one of them, if it were left optional, could accept the privileges of the library upon such terms. Moreover, if the committee's action should be confirmed, the youngest members, who heretofore have been the chief patrons of the library, would, with a few exceptions, be cut off completely from its privileges. It is hoped that the committee will see the wisdom of giving the matter further consideration.

(The clause to which our correspondent thus facetiously refers reads as follows:

"In several of the larger cities of the United States active movements have been set on foot by the medical profession, with a view to securing a home in which their meetings may be held and a library for the use of the members safely shelved.")

## MEMOIRS.

### MEMOIR OF JAMES MARKHAM MARSHALL AMBLER, M. D., PASSED ASSISTANT SURGEON UNITED STATES NAVY.

Carlisle well says that the history of the world is told in the lives of its great men, for though to a certain extent man is the creature of circumstance, yet many important facts would be wanting in earth's story had the proper man been wanting at the proper time.

The path of duty is the way to glory and leads through the pleasures and sorrows of life up to the smile of God, and the truly good and great are those who have guided their steps by this motive—the noblest word in our language—for though some think and assert the high law of love as superior, yet a moment's thought will show that love is only part of one's duty.

Honor is also comprised in the idea of duty, and when its principle is absent man stands on a par with the brute.

This may seem but empty sentiment, but remember (as Kingsley says)—"by sentiment well directed, as by sorrow well used great souls are."

Early in the year 1879 a message came from the Surgeon General of the Navy to a young medical officer at the Naval Hospital at Norfolk—"The department would be glad if you would volunteer for the Jeannette expedition to the Arctic regions," and the reply was immediately sent back—"I respectfully ask to be sent." This same request had before been sent to several other officers and declined.

The one who felt called upon to accept was moved both by his sense of duty and by the point of honor; he had been trained in that school which taught men to tread the path of duty though the lightning scorched their steps.

Dr. James Markham Marshall Ambler, a descendant of an old and respectable family, was born in Fauquier county, Virginia, on 30th December, 1849. In his boyhood, even, he became a soldier in the 12th Virginia Cavalry, and in war's stern school, under such masters as Lee and Jackson, began that education which characterized his years of vigor and ennobled his early death.

At the close of the war he became a student at Washington and Lee University, and after being there for nearly three years he came to Baltimore and entered the University of Maryland as a medical student from the office of Dr. N. R. Smith, who had years before been his father's preceptor also. As a medical student his course was marked by steady, honest work, solid character and by bright intelligence, and particularly by his high tone of honor and devotion to truth and duty.

He graduated in the class of 1870 and became Clinical Recorder at the Maryland University Hospital, and afterward filled the place of assistant physician at the Quarantine Hospital at this port, (then under charge of Dr. Conrad) after which he was associated in private practice with Dr. J. G. Hollyday, of this city, in all of which positions he was found faithful.

Making up his mind to study for a position in the medical staff of the navy, he gave up private practice and reviewed his studies, and passed his examination most creditably. It was with some misgivings that he took this step,



for sectional feeling still ran high, and he had to face the mute reproaches of his old comrades and to go through a possibly disagreeable ordeal with his new comrades. To the honor of the navy be it said that he was received from the first as an officer and gentleman, and made to feel that his standing depended upon his qualities as a man.

His first duty in the navy was at the Naval Academy at Annapolis, then a cruise on the *Kansas*, then on the flag-ship *Minnesota* in New York harbor, and then attached to the Naval Hospital at Norfolk, where the call came to him to join the *Jeannette*. In the meantime he had been promoted to passed assistant surgeon.

As we have intimated, the call met with no uncertain response, and he made ready for his new and peculiar duties by specific studies at the Smithsonian, by visits to the Johns Hopkins and by consultations with specialists in the profession, as also by studying the stories of previous expeditions; noting the mistakes, marking the good points and fitting himself for his work as far as possible. How far he succeeded let Melville say. "Of those deserving special commendation, Dr. Ambler was one of the most worthy. During the time the *Jeannette* was locked in the ice he was constantly taking such measures as would promote the comfort of the sick and preserve the health of the crew. In addition to his necessary routine duties he was constantly devising and carrying out sanitary measures that added to the general health and welfare. The good health and fine spirits of the crew previous to the retreat were greatly due to his professional abilities. In the history of Arctic research there has only been one ship that was free from scurvy; this was the *Jeannette*. This is the best encomium that I can pass upon Ambler. On the march his services were invaluable. During the illness of Chipp he was roadmaster as well as surgeon. Afterward he volunteered to work in harness, and requested that in addition to caring for the sick he might be allowed to participate in the labors of the working parties. Wherever we were and whatever our situation, Ambler proved himself a

skilled physician and excellent officer and a noble man. It would be difficult to make any further distinctions where each and every man faithfully did his best."

The exhibition of man's highest qualities of "noble daring, dreadful suffering and heroic endurance" throws a halo around the otherwise sad story, and our hearts swell when we think of the long ice journey, the stormy boat trip, the painful landing, and we follow them with admiring interest on their land journey, one after the other falling, yet waited upon by their comrades till but a few are left, the survivors giving Christian burial to them, Dr. Ambler baptizing the poor hunter Alexy before he died. The sentiment animating the party was high and noble, for, though they were starving, there seems to have been no idea of subsisting upon the remains of their comrades. Fifty or a hundred years ago lots would undoubtedly have been cast as to who should die for the rest; here we have the bright example of men dying of starvation burying the bodies of their comrades and reading the church services over them.

If men be made perfect through suffering they deserve a high meed of praise and it is pleasant to know that our friend rested his heart upon the Rock of Ages.

Melville also states that Dr. Ambler "was found with De Long's pistol in his hand, and that De Long never suffered it to leave his person, and thence infers that Ambler was the last to die and had taken his comrade's weapon to protect his body from the wolves and foxes," and so, doing his duty, thinking of dear ones at home, and "bowing his head (as he says in a note upon his person) in submission to the Divine will, and trusting in the mercy of our Lord Jesus Christ, he fell asleep. Death coming thus to a man is to be envied rather than dreaded, for there are some things better even than life, and a man who meets his end in the path of duty, following honor and truth, has not lived in vain, but has given an example to the world worthy of imitation.

Dr. Ambler was a man of fine literary taste and of good mind and judgment; his medical attainments were high, and

his preparation for the navy and for the Arctic expedition made his knowledge exact and fixed, and now that the true soldier and sailor, the tried and approved physician, the noble gentleman and generous friend has gone from us, he being dead, yet speaketh. J. MCH. H.

## SOCIETY REPORTS.

### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD JAN. 16, 1883.

Dr. James Carey Thomas, President, in the chair.

#### VACCINATION AND SMALL-POX.

The President said as this question had been under discussion recently in the Academy, he would mention a case in which he had vaccinated a lady during pregnancy. The child, after birth, was vaccinated successfully, but only after the third trial.

Dr. Tiffany said that numerous cases had been reported in Germany, but with out any evidence of protection.

Dr. Stewart mentioned two cases, seen by his father, of well-marked small-pox eruption in children at birth.

Dr. Browne referred to a case seen at the Almshouse during his residence there, in which a fetus, aborted at the 7th month, had a small-pox eruption on it.

Dr. Uhler spoke of a gentleman, who at birth had variola, yet when he grew up was successfully vaccinated.

Dr. McKew alluded to the case of a man whose face was scarred with the traces of small-pox, who yet had a well-marked discrete variola.

The President spoke of the satisfaction he had had from the use of Foster's virus. The infant above reported was the only case in which the results had not been immediate and perfectly satisfactory.

Dr. Brown had had a similar experience. In a case where the mother developed small-pox the day of her confinement, he vaccinated the child immediately after birth, and obtained a perfect result and protection from the disease, although the infant lay by the

side of its mother during her entire illness.

APPOINTMENT OF PATHOLOGIST.—The Executive Committee announced that Dr. W. T. Councilman had been appointed Pathologist of the Academy, and that he was to receive the usual fees charged by him for the examination of pathological specimens referred to him.

ADENOMA POLYPOSUM.—A communication was read from Dr. Councilman giving the results of the histological examination of the specimen of supposed endometrial sarcoma of the uterus (see *Md. Med. Journal*, Jan. 15, p. 429) referred to him by the Academy. He found the specimen to consist of "mucous polypi in which a growth and new formation of the glandular elements has taken place constituting what is known as 'adenoma polyposum.' It differs from the simple mucous polypus only in the growth of the glandular elements. In some sections I found cysts the size of large shot filled with fatty debris which were due to occlusion of the glands."

NEW CLAMP FOR HYSTERECTOMY AND SUBPERITONEAL FIBROIDS.—This clamp invented and exhibited by Dr. H. P. C. Wilson, Jr., consists of two cross-bars, through which plays a chain of any desired length. This chain is tightened by a screw handle, and when the tumor is sufficiently constricted the chain is locked by a key to one of the cross-bars and the screw handle removed. The bars rest upon the surface of the abdominal walls and support the pedicle comfortably in the abdominal incision.

Dr. Wilson said that it is generally admitted that extra-peritoneal management of the pedicle in these cases is the most successful method of treatment. Yet the chief means in vogue in accomplishing it—as by Cintrat's *serre-nœud*, Kœberlé's and Thomas' clamps, are open to serious objections. The last is very heavy and cumbersome and in very large pedicles does not come into place; the pedicles must be of a certain size in order to use it.

DISPLACEMENT OF PUPILS FROM CORNEAL ULCER IN INFANCY.—Dr. Chisolm reported the following case: A woman, æt. 40, presented herself at



the Dispensary of the Presbyterian Eye and Ear Charity Hospital, with pupils displaced in irregular positions, one being moved towards the nasal side of the orbit, the other towards the temporal side. There was some lymph on the capsule of the lens, yet vision was good. The history given was that at three weeks of age, she had had smallpox, which caused a perforating ulcer of the cornea. At this time every trace of the corneal ulcer and opacity has disappeared and the only vestige of the former trouble is the displaced pupils, which are slightly oval in shape.

*Dr. Theobald* suggested the possibility of the deformity being congenital.

AFFECTIONS OF THE RESPIRATORY CENTRES IN CASES OF URÆMIC POISONING.—*Dr. Miles* made some remarks upon the alterations of the respiratory movements observed in some cases of Bright's disease recently attended. Not only is it now accepted that there is an expiratory as well as an inspiratory centre, but it would seem to be proven that each of these centres is double, one on each side of the median line of the medulla oblongata and connected by transverse commissures. The irritation of the superior laryngeal inhibits the action of the inspiratory centre, and if the irritation is increased the expiratory centre has its activity increased until finally there is arrest of respiration in the position of extreme expiration spasm of the expiratory muscles. *Dr. Miles* once had an opportunity of seeing this demonstrated on the human subject. A patient who had for a long time breathed through a fistulous orifice in the trachea desired to know if the rima glottidis had undergone such changes as to prevent its being used for respiration, the fistulous orifice being closed. In those days the laryngoscope was not in general use. *Dr. Miles* passed a slender bougie into the fistulous orifice (the relative size of the orifice to the bougie gave ample space for the passage of air by the side of the instrument), and endeavoured to direct it upward through the contracted glottis. For some time while his efforts were unsuccessful the patient breathed easily, but as soon as the end of the bougie fairly engaged in the chink of the

glottis there was a spasm of the muscles of expiration and the countenance, and features of the patient eminently expressed the sense of impending suffocation. So delicately susceptible to impressions are these respiratory centres that there is hardly an event taking place in our bodies that does not alter their activity either all together, or relatively to each other. *Dr. Miles* thought that more attention should be paid to the character of the respiration in the observation of the symptoms of disease. In coma, as in sleep, the inspiration is deep, the expiration passive it is simply the recoil of the thoracic, and abdominal walls. With psychical excitement, emotion, delirium, pain, the tendency is to active expiration. In dying persons we often see the three movements of respiration quite distinctly separated. First the deep inspiration, then the elastic recoil of chest and abdomen, and then, separated by an interval, the movement of forced expiration.

The "renal asthma" that appears sometimes comparatively early in Bright's disease, *Dr. Miles* has frequently observed to consist in the alteration of the ordinary respiratory rhythm by the introduction of active, or forced expiration, giving the panting respiration of mental agitation. The patient's speech is interfered with, because the respiratory act is precipitate, and beyond his control. There is an abnormal excitement of the expiratory centres. This is sometimes accompanied with a feeling of anxiety and apprehension, sometimes not. It may come on in a moment and last but a short time, and be so little marked that the patient does not seem aware that he is not breathing abnormally.

*Dr. Miles* thought it an interesting question if the expiratory centres are themselves stimulated (by a poison in the blood? irregular vaso-motor action?), or if they are secondarily excited from the hemispheres, through the tracts by which they are affected by the emotions.

In a case of Bright's disease which recently died under his care, *Dr. Miles* had an opportunity of observing the Cheyne Stokes' respiration exquisitely exhibited. The respiratory movements ceased with a gentle expiratory movement; there was a very long pause, and

then respiration began with very shallow inspiratory movements, gradually increasing in depth until they became greatly exaggerated and alternating with forced expirations. Dr. Miles remarked upon the difference between this gradual resumption of respiration and the profound inspirations which immediately succeed the suffocative closure of the trachea in an animal, or the prolonged holding the breath. During natural sleep we often see the respiration stop for a short time, but it is in the position of inspiration, and at the end of the pause there is a prolonged, gradual expiration. During all the phases of the Cheyne-Stokes respiration, Dr. Miles carefully noted the pulse, and detected no alteration in its force or frequency.

It has not been decided what is the cause of the Cheyne-Stokes respiration. Some have supposed a torpidity of the respiratory centres, which required an unusual diminution of the oxygen of the blood to excite them to action. This would explain the prolonged pause, but would hardly account for the gradual resumption, and after exaggeration of the respiratory movements. Dr. Miles ventured the opinion that it might be due to changes in the blood supply to the respiratory centres, caused by vasomotor influences. Thus dilation of vessels and very free supply of the centres with oxygen might cause apnea and stoppage of the respiration, while their gradual contraction might, by diminishing and thus cutting off the oxygen supply bring about the remaining respiratory phenomena.

## BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING HELD DEC. 11, 1883.

First Vice-President W. F. A. Kemp in the chair and twenty-two members present.

TREATMENT OF TYPHOID FEVER.—*Dr. Kemp, Jr.*, opened the subject of discussion. He considered the various means of diminishing preternatural heat, which is one of the most important indications of treatment in modern pathology, as cold baths, quinine, salicylate of soda, digitalis, etc. According to Brandt, the

cold bath reduces the mortality from 16 to 7.4-10 per cent. Antipyretic treatment, in its completeness, as advocated by the Germans, does not seem to be carried out in this city, either in hospital or private practice; for instance, sponging is used in place of and to the exclusion of cold bathing. The thermometric temperature should not be allowed to rise above 102, 2° F.

*Dr. Conrad* had had charge during the late war of the typhoid fever ward of a hospital in which there were 5,000 patients. Nothing produced such satisfactory results as turpentine in ten to fifteen drop doses. Even the ward-master remarked this. Its action is probably as an antiseptic. Mineral acids, quinine, chlorate of potash, and nitrate of silver were tried upon a certain number of patients, but did not give anything approaching the marvelous results of turpentine. Quinine was not then used, however, in anything like the doses it now is; five grains were given then, whereas Liebermeister uses forty-five grains now.

*Dr. C. H. Jones* said that experience confirms Dr. Conrad's views as to the value of turpentine where there are tympanites and bowel trouble. He thought too much stress was laid upon high temperature.

*Dr. Erich* had commenced with turpentine, but prefers nitro-muriatic acid for routine treatment in twenty-drop doses every two hours. Among other things, this will remove sordes and dryness of tongue.

*Dr. Ellis* had found turpentine satisfactory in the advanced stages, especially if combined with McMunn's elixir.

*Dr. H. F. Hill* had one case in which the temperature rose above 106°. In this juncture he gave hydrobromate of quinia hypodermatically—the patient had been taking five grains by the mouth every four hours previously. Two doses were given, and although the temperature fell after the first dose 1°, there was no other perceptible effect on the disease which rapidly proved fatal.

*Dr. Taneyhill* said sufficient stress had not been laid upon isolation in tents. Statistics of the hospitals of Baltimore during the late war showed decidedly



favorable results from this plan in shortening the duration and decreasing the mortality of the disease. Mineral acids, turpentine and bathing were, however, combined with tent life.

*Dr. Conrad* said the mortality in his hospital was ten per cent. less than in the brick hospital in the city of Richmond, where the officers were being treated. In the former, the wards were made of boards without lath or plaster, and were raised from the ground on piles, so that free circulation of air was permitted underneath.

The subject was further discussed by Drs. Ashby, Waters and J. T. Smith.

### EDITORIAL.

**HOSPITAL SATURDAY AND SUNDAY FUND.**—The results of the collection taken up in the churches and synagogues and among the business men of Baltimore, on the last Saturday and Sunday of 1882, whilst not reaching the expectations of some of the more sanguine of its promoters, was sufficient to afford considerable aid to a number of our hospitals which are always in need of such assistance and to offer encouragement for the future. The short time for making the necessary preparations, the inexperience of the managers of the movement and its novelty, should cause us to make liberal allowance for any apparent shortcomings in the inception of the movement.

The total receipts realized at the recent collections were \$2,221.58; expenses of collection \$226.52. The remainder with the exception of a small sum contributed for a special purpose was distributed as follows: Church Home and Infirmary, \$650; Union Protestant Infirmary, \$450; Presbyterian Eye and Ear Charity Hospital, \$300; Baltimore Eye, Ear and Throat Charity Hospital, \$100; Nursery and Child's Hospital, \$300; Woman's Hospital (McCulloh street), \$121.43.

Eighteen Churches and three Synagogues contributed to the fund more than one-half of which was derived from Protestant Episcopal Churches. The Stock Exchange contributed \$100, the Board of Underwriters, \$42; the Corn and

Flour Exchange \$38.62, and from boxes placed in drug stores and hotels, \$67.71 was obtained. The distribution, which took place on the 22nd ulto., was effected under the superintendence of his Honor, Mayor Whyte, the Postmaster of the city, Mr. Adreon, President D. C. Gilman, of Johns Hopkins University, Mr. W. S. Young, President of the Chamber of Commerce, Messrs. W. H. Perot and B. F. Ulman, and Dr. James Carey Thomas.

It is a noticeable feature of the movement that the Roman Catholic Churches took no part in it. This was in consequence of a deliberate refusal of the Archbishop of Baltimore, who claimed the right as the representative of the Catholic interests of his diocese to decide both for his churches and hospitals. It is to be hoped that the successful inception of the work may lead to more liberal views during the coming year, and that we may realize at the next annual collection (as far as our changed circumstances will admit) the language of the late large-hearted Dean Stanley, with reference to a similar movement in England: "On this day church and state, prince and peasant, East and West, Protestant and Roman, churchman and non-conformist, alike combine in promoting an act of charity which admits of no controversy, of no misconstruction and which brings with it its own immediate and certain reward."

**CIVIL-SERVICE REFORM AND MEDICAL APPOINTMENTS.**—The *N. Y. Med. Journal* (Jan. 13) commenting editorially upon Governor Cleveland's recent appointment of Dr. Joseph D. Bryant, Professor of Anatomy in the Bellevue Hospital Medical College, as Surgeon-General of the State of New York, says: "It is so seldom that the profession have reason to feel satisfied with political appointments from their ranks, that we feel inclined to emphasize the expression of our gratification at the judicious choice that has been made in this instance. Dr. Bryant's position as an attractive and successful teacher of anatomy, and as an esteemed practitioner, impels us to say that the Governor honors not so much the appointee as the office."

In this action of Governor Cleveland, we see one of the many good results which follow the elevation to power of men, who, like New York's chief magistrate, do not belong to the noble army of political "bosses," who are not "spoils-men," and who do not regard the offices within their gift as so much loot to be divided among party henchmen and ward-workers as pay for services rendered. Let us, then, learn a lesson from the experience of our sister State, and, if we in Maryland, and in Baltimore, would have "the claims of the medical profession in determining the medical appointments of our city and State" no longer subordinated to the demands of politicians and "ringsters," let us, when the opportunity offers (as doubtless through the growth of sentiment in favor of civil-service reform it soon will), do what we can as voters and influential citizens to break down the spoils system which has flourished so long in our midst, and to relegate to the obscurity they deserve the ring bosses, in and out of office, who owe their power and "influence" to it, and who have done so much to fasten it upon us.

S. T.

**RAPID INCREASE OF DIPLOMA MILLS.**—The prediction of the Boston *Med and Surg. Journal* with reference to the increase of bogus medical colleges in Massachusetts is rapidly being realized. Within a fortnight after the decision of the United States Commissioner with regard to the legality of the indiscriminate sale of diplomas and degrees by the "Bellevue Medical College," the "American University of Boston," with a Dr. Buchanan as President, and the "First Medical College of the American Health Society", have been incorporated, and Dr. Alfred Booth, the first president and one of the incorporators of the "Bellevue", has given notice of his intention to start an "Excelsior Medical College," all to be located in the same ill-fated city. Is it not time that the profession of Maryland were taking some measures to prevent this infection from gaining a foothold among us?

**THE NEW YORK MEDICAL SOCIETY AND ITS CODE OF ETHICS.**—The announcement in the columns of the

daily papers that the State Medical Society of New York has declared its continued adhesion to the Code of Ethics adopted by it last year, is quite surprising in view of the statements put forth in regard to the circumstances attending the original passage of the new code, and the sentiment elicited in regard to it since. Whilst it was well known that the members of the profession of New York city were largely in favor of maintaining the stand, which had been taken at their instigation and chiefly through their instrumentality, it was believed that the country members were almost universally of the contrary opinion and that they would be able to muster sufficient votes when the matter came to a final decision to defeat the new code. In endeavoring to understand the recent vote we see but three explanations: 1st. That the strength of the new movement was underestimated. 2nd. That the New York city men have shrewdly manœuvred affairs so as to defeat the popular wish. 3d. That the sentiment of the profession of New York has undergone a revolution, owing to honest conviction of error, or to feelings of State pride and opposition shrewdly fomented by the promoters of the movement. The vote—105 to 99—does not show a very great preponderance of sentiment in favor of the successful side, and suggests very strongly that the result may have been due to the active efforts of the New York city members and the comparative indifference of the country members.

What effect this action will have upon the profession at large, if any, remains to be seen. It is not at all likely that it will prove infecting and extend to other State medical bodies. It seems quite clear that it was but one step in the direction of the abolition of all ethical restraint, which has long proven irksome to a certain class among us. But the proper place to



discuss the subject of ethics was in the meetings of the American Medical Association, whose authority in these matters is now questioned for the first time. The Association has already demonstrated very clearly that it will not see its authority disregarded with impunity, and it is not likely that the men who chiefly direct its affairs—Davis, Sayre, Billings, Gross, Packard and others—will be wanting in the vigor to cope successfully with this rebellious movement. As for those members of the New York profession who still show allegiance to the National Association, but one course seems open to them, and that is to withdraw from the seceding body and organize a new society which would join with the other State societies in upholding the principles which alone can maintain the honor and respectability of our profession in their complete integrity.

#### REVIEWS, BOOKS & PAMPHLETS.

*The Principles and Practice of Surgery*  
by John Ashurst, Jr., M.D., Prof.  
of Clinical Surgery in the University  
of Pennsylvania, etc., etc. 3rd Edition.  
Henry C. Lea's Son & Co.,  
1883.

The reader after perusal lays down Ashurst's Surgery with very mixed feelings: surprise that so much can be contained in a work of 1,000 pages, regret that the volume is not the first of several. The many references made, cases alluded to and authors quoted, if elaborated, would indeed constitute a System of Surgery. No other modern Surgical work with which the writer is acquainted presents to the same degree a view of the extent of territory which must be traversed by the would-be surgeon. The literature of all countries is laid under contribution very judiciously, with the result above stated. Not the least agreeable circumstance in

the work is the fact that illustrations are referred to their proper authors, and not presented as new productions of artistic merit, or in the phraseology of the day, "mutton dressed in lamb fashion." That the present edition is brought to date is evident by addenda opposite the opening chapter, in which reference is made to Cheyne's Antiseptic Surgery and to Thomson's ligation of the innominate artery with the ox-aorta ligature.

The comment on Cheyne's book is not over enthusiastic, and in view of a recent work by Billroth's assistant, giving statistics of amputations, we think the words, "rather frightful mortality which seems to have formerly prevailed in German hospitals," is thoroughly justified. The writer being somewhat of a Philistine, wonders, in view of the many new dressings so highly lauded in Germany, whether the mortality is very much less at this present time?

On page 71 is to be seen a line worthy of all praise: "The perfection of an operation consisting greatly in the simplicity of its concomitant circumstances."

This sentence makes a good twin for Sedillot's,—"wounds are to be brought together without strangulation of tissue and without retention of pus."

Aphorisms of this kind should be committed to memory by surgical aspirants.

Very conservative advice is given in regard to the choice of an anæsthetic, the author preferring ether, unless the hot iron is to be used about the head, when for obvious reasons chloroform is chosen.

We are somewhat surprised that under the head of local anæsthesia no mention is made of a piece of ice sprinkled with salt, which the operator can hold directly upon the surface to be incised; it is not so cumbersome and is quite as effective as Arnott's bag.

The superiority of Listerism is not accepted as yet proved, and though penned before the appearance of Cheyne's book already noticed, the author's statements are not thereby modified.

The directions for ligating special arteries are entirely too short and vague; thus for the vertebral three and a half lines are given, superior thyroid four lines, while the facial, occipital and temporal are compressed into three lines and a half, including three references to figures.

Conservative views in regard to concussion are expressed, the author stating what it is not, rather than what it is, the reason being that his knowledge only enables him so to do. We venture to say that if this example were to be followed generally, the amount of contemporary medical literature would greatly decrease.

Much more could be said to the credit of the work in question but the opinion contained in the first sentence would not be modified; indeed the only change desirable is a little more dogmatism on disputed points; a large work may give opposing views, but a Surgery, in one volume, should lay down laws for the reader to follow and be thoroughly the mirror of the writer's views, be they peculiar or not.

L. M. T.

### MISCELLANY.

PROF. FÖRSTER ON THE MATURITY OF CATARACT; ITS ARTIFICIAL RIPENING; CORELYSIS; AND EXTRACTION OF THE ANTERIOR CAPSULE.—In a most instructive paper in the *Archives of Ophthalmology* (Sept. 1882), Prof. Förster, of Breslau presents some valuable and original observations "on the maturity of cataract, its artificial ripening, corelysis, and extraction of the anterior capsule." Defining a mature or ripe cataract to be one the whole substance of which can be removed by operation (extraction) without the necessity of any

portion of the peripheral layers being left behind by adhering to the capsule, he points out that cataracts ripe in this practical sense, that is in a favorable condition for removal, do not always present the features which have been commonly accepted as proofs of maturity—they are not always so opaque as to prevent a red reflex from the fundus being obtained by the ophthalmoscope through a dilated pupil, and even in exceptional instances a view of the optic disc; they sometimes permit of a considerable amount of vision, even ability to decipher ordinary print with the aid of a strong convex glass; and the iris may cast a shadow upon the lens. While, on the other hand, cases occur in which it may be impossible to obtain a red reflex from the fundus of the eye; vision may be reduced to inability to count figures; the iris may cast no shadow upon the lens, and yet the cataract may be really immature. Cataracts with a very large brownish-yellow nucleus which completely fills the capsular envelope and is about as transparent as brownish or yellowish ammoniac soap, which change but little from year to year, and others, equally slow in development, but which have "bright yellow or whitish and relatively small nuclei, and a thick layer of semi-transparent cortex (Becker's nuclear cataract)." are examples of the first sort, which though actually ripe may present many features of immaturity; while cataracts "in which the opaque cortical substance is divided off into well-marked sectors of a mother-of-pearl or tendinous glitter" should be regarded as unripe, despite the presence of every other indication of maturity.

For various reasons it is often desirable to hasten the ripening of slowly developing cataracts. To puncture the anterior capsule, a proceeding which has been resorted to for this purpose, is neither safe nor satisfactory. A preliminary iridectomy occasionally brings about this result. For five years Prof. Förster, with most satisfactory results, has practiced in connection with preliminary iridectomy a procedure which he terms *trituration of the cortex*. Immediately after the iridectomy, while the anterior chamber is still empty and the lens is in contact with the cornea, a com-



minution of the anterior cortex is accomplished "by gently rubbing or stroking the cornea with the blunt angle of a strabismus hook or the closed iris forceps." It is astonishing to see the effect of this procedure upon the lenticular substance; mother-of-pearl sectors, if present, disappear at once; an increase in the opacity of the comminuted layers manifests itself within a few days; and "extraction can generally be undertaken in from four to eight weeks after the operation, without the dread of any lenticular fibres adhering to the capsule." Experience based upon more than two hundred cases, attests the value of the procedure.

Pressure on the flaccid cornea has an equally influential action upon the *iris*. After the aqueous humor has flowed off, every portion of the pupillary margin can be dislocated far out toward the periphery of the anterior chamber by pressure exerted upon the cornea in various meridional directions, and in this way *posterior synechie* can be successfully broken up; narrow, thread-like adhesions yield most readily, broad ribband-shaped ones are more difficult to rupture, but, after iridectomy, by this manipulation it is often possible to free the whole remaining pupillary margin, even when it is completely adherent to the lens. The energetic use of atropia should precede and follow the operation. By a similar manipulation, the direction of the pressure being towards the centre, instead of the periphery of the anterior chamber, incarceration of the iris in the angles of the corneal incision, an accident which occasionally happens in iridectomy, may be relieved.

After cataract extraction the remains of the anterior capsule not infrequently give rise to trouble, especially by becoming incarcerated in the external incision. For the past eight years Prof. Förster has avoided these unpleasant complications by removing the anterior capsule. Discarding the cystotome, he employs instead a pair of Liebreich's iris forceps, with three teeth on the under surface of each branch. These being introduced into the anterior chamber and opened widely are made to catch up a fold of the capsule; when, upon making traction, not

only the portion held by the forceps but, owing to the anterior capsule being thinner and tearing more easily towards the equator of the lens, the greater part of it is removed, only a narrow rim being left behind. If the teeth of the forceps are sharp it will rarely happen that this procedure can not be successfully carried out. An additional advantage claimed for this method is that the cortex escapes more readily and completely, not being entangled in the remains of the capsule. Vitreous is not lost more frequently than when the cystotome is employed in the usual way. In one hundred cases of uncomplicated senile cataract operated upon in this manner, there were eighty-nine perfect recoveries, with entirely free pupils—not a single posterior synechia being present.

S. T.

TAIT'S OPERATION FOR THE REMOVAL OF THE UTERINE APPENDAGES.—Dr. Gaillard Thomas, of New York, recently read before the N. Y. Academy of Medicine (*N. Y. Medical Journal Jan. 13*, p. 32), a valuable paper on Tait's operation, based upon suggestions growing out of Tait's essay "On the Diagnosis and Treatment of Chronic Inflammation of the Ovary," and upon his own experience with four cases upon which he has operated. In referring to Tait's article he says, "I, myself, feel convinced that this bold and original surgeon has advanced views which are destined to open a new field for gynecological surgery in the future and to exert upon this department of medicine an enduring influence."

He then gives in a succinct manner those points in the paper which are original with Mr. Tait, but adds, "while I do not by any means feel warranted by my own experience and observation in accepting all of them, I do believe that there is a sufficient amount of truth in some of them to make the essay one of the most valuable which this decade has produced for the gynæcologist." Referring next to the cloud of ignorance and uncertainty which has enveloped the diseases of the ovaries and Fallopian tubes, and to Tilt's firm, persistent and able advocacy of the claims of ovarian pathology,

he says, "Mr. Tait's paper deals with this most prolific subject, and for this reason, added to those which I have mentioned, must be regarded as a most opportune effort to cast light where the darkness is most dense in gynæcology, and to offer aid in a class of cases in which the operator in this department needs most assistance."

He then gives the most original and valuable of the views enunciated by Mr. Tait, which will be found in the February 1st number, 1883, page 461, of this Journal.

Next Dr. Thomas gives a short history of oöphorectomy and its modification by Mr. Tait. The former operation is credited to Battey, whilst Tait's operation consists in the removal of the Fallopian tubes as well as the ovaries. He next reports four cases in which very grave menstrual trouble accompanied by all the symptoms of recurrent pelvic peritonitis and cellulitis were found due to tubal dropsy existing coincidentally with chronic ovaritis, exactly as described by Mr. Tait. The suggestive points are briefly as follows:

**CASE I**—Aged 30, healthy until eighteen months after delivery of first child. Was taken in the intermenstrual period with symptoms resembling those of cellulitis or peritonitis accompanied by slightly bloody discharge from vagina. Since its occurrence she has been a confirmed invalid, menstrual periods have been painful, scanty and irregular, locomotion difficult, uterus large and anteverted, enlargement over the site of the ovaries extending from the uterus toward the iliac bones. Ovaritis and tubal dropsy, as described by Mr. Tait, strongly suspected. An exploratory incision, to be followed by Tait's operation, if the diagnosis were found to be correct, was decided upon. The incision was made and the ovaries were found distended by a number of small cysts and the Fallopian tubes resembled in size an ordinary sausage. The tubes, ovaries and ovarian ligaments were removed. The patient recovered without a bad symptom.

**CASE II**—aged 25 years, mother of one child, had pelvic inflammation nine months after confinement, suffered from constant pelvic pain, painful and irregu-

lar menstruation, difficult locomotion, tumor size of hen's egg occupying the position of left ovary, exquisite tenderness in ovarian region. Exploratory incision was made and ovaries found very slightly diseased but the tubes were distended by large accumulations of pus. Both ovaries and tubes were removed and patient recovered.

**CASE III**—aged 22 years, began to menstruate at 14, and has always suffered from most dreadful dysmenorrhœa. For the last year pain has been almost constant. Ovaries found to be tender and enlarged. Both ovaries and tubes were removed, the former filled with small cysts and the latter distended and their lining membrane inflamed and bathed in pus. Patient recovered.

**CASE IV**—aged 27, presented same general train of symptoms as the previous cases but patient in worse condition. She was pale, emaciated and closely resembled a person in the third stage of consumption; unable to walk across the floor without assistance, temperature 100°, pulse 115 to 120. Ovaries were found not much diseased but tubes presented a condition of tubal dropsy. Patient died on the 6th day.

These four cases embody Dr. Thomas' experience. He says "all that I have aimed to do has been as far as in me lies, to 'hold up the hands' of an original and brilliant investigator who, I sincerely believe, is working in a most useful and prolific pathological vein.

Mr. Tait up to July last had operated upon 75 cases with only 6 deaths; out of the last sixty-one of these cases only three, and out of thirty-five operations for pure chronic ovaritis, only one death. Dr. Battey's last report was fifteen cases, out of which he lost three. Dr. Thomas has operated 21 times with four deaths.

T. A. A.

#### ANNUAL MEETING OF THE MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

—The annual meeting of this society, composed chiefly of physicians practicing in the eastern section of the city, was held on the evening of the 25th ulto., when the following officers were elected for the ensuing year: President, Dr. E. M. Reid; Vice-



Presidents, Drs. Charles F. Percival and J. W. Chambers; Secretaries, Drs. W. N. Hill and C. S. Parker; Treasurer, Dr. W. H. Norris; Executive Committee, Drs. Coskery, Lynch and Latimer. The banquet, to which about twenty-five sat down, took place at Shaw's restaurant, N. High street, near Baltimore street.

DER KEUCHHUSTENPILZ THE GERM OF WHOOPING-COUGH.—From the *Berliner Klin. Wochenschr.*, January 1, 1883, we learn that Dr. Burger has discovered in the sputa in cases of whooping-cough certain organisms which he holds to be specific and the cause of the disease. These organisms he describes as small rod-shaped structures, varying with one another in length, though in general they are twice as long as broad. They may be found lying apart from one another, scattered over the field, or combined to form groups or chains. They appear in the sputa in large numbers, and can readily be distinguished from the other forms of bacteria that are constantly found in the mouth. According to the author, the only organisms they are likely to be confounded with are the spores of the ordinary leptothrix buccalis. No especial method of staining is necessary to render them visible. Koch's method, now so generally availed of in the preparation of the tubercle bacilli, was used, and methyl violet or fuchsin used as the staining liquid. These bacilli are different from the forms described some time ago by Letzterich in similar cases. The author regards them as the cause of the disease because they are found in no other sputa. They are so abundant that one must suppose they have some influence. Their quantity is always relative to the intensity of the disease, and finally the course and symptoms of the disease are best explained by their presence. A paper is to follow giving an account of experiments in cultivation and inocula-

tion. It is also to be hoped that this paper will contain a better account of their size and form. W. T. C.

THE GERM OF FARCY.—In a recent number of the *Deutsche Med. Wochenschrift.*, there is a preliminary account from Dr. Stürck, director of the Gesundheitsamt in Berlin, of some investigations that have been carried on in the institution on the germ of Rotz (Farcy). In the nodules caused by the disease, after staining with a saturated aqueous solution of gentiana violet and then washing out the sections in slightly acidulated water, small rod-shaped organisms agreeing almost perfectly with the tubercle bacilli are brought to view. Pure cultivation after Koch's methods were made, the most suitable soil for their growth being found in the sterilized serum of horse's blood. After passing through four generations, an old horse was inoculated. The animal was at first affected, but recovered seemingly entirely; on his being killed, the experimenters were surprised to find in his lungs and other parts of his body unmistakable evidences of an old attack of glanders, which he had recovered from. This most probably accounts for the fact of the inoculation being unsuccessful, and gives hopes that in this disease, also, success may be had with the inoculation of a virus of weakened power. Inoculations were made on the various lower animals, such as rabbits, guinea pigs, etc., but they showed themselves completely incapable of acquiring the disease. Complete success was had on the inoculation of two other horses. One died and the other was killed; both showed the characteristic lesions caused by the disease. The whole publication bears the same stamp of care and accuracy as does all the work issuing from this department and leaves no room for doubt as to its correctness. We have another disease now whose

cause is removed from the area of dark speculation, and just such an improvement must follow here in prophylaxis as has been the case in anthrax.

W. T. C.

**MANGANESE IN THE TREATMENT OF AMENORRHOEA.**—Drs Sydney Ringer and Wm. Murrell call attention (*Lancet*, Jan. 6, 1883,) to the value of this simple remedy in a very common complaint. For some time they have used permanganate of potash with much success in the treatment of certain forms of amenorrhœa. Their observations extend over a period of thirteen months and they have now notes of 69 cases.

They have used the permanganate in two forms, first, the pharmaceutical solution, and secondly, the permanganate made into pills, each containing one or two grains. Generally they begin with a grain three times, and then gradually increase the dose to two grains four times a day. Their most striking results have been obtained with the larger dose; a large dose sometimes succeeding admirably after the failure of a small one. Before commencing treatment they inquire into the menstrual history of the patient, and as a rule give the remedy only for three or four days immediately preceding the expected period, but should it fail to produce the desired effect, then direct the patient to continue steadily taking it, and in some cases it has been taken continuously for nearly three months. No other treatment was used in these observations. The most striking results were obtained in young women between 18 and 25, who from some accidental cause "missed" once or twice. The administration of one or two grains of permanganate in pill three or four times a day for a few days before the expected period will bring on the flow almost to a certainty. In some instances the periods

were brought on after the patient had ceased menstruating for over a year. It is not necessary to discontinue the treatment on the appearance of the menses; in fact, they tell the patient to continue taking the pills three or four days longer, finding that it facilitates the flow. It re-establishes the menstrual function where the patient has menstruated once or twice and then ceased.

They say: "It is not only in the case of young women that manganese is so useful, it succeeds almost equally well with women between 35 and 40, who, as the result of many pregnancies and much suckling, have ceased to be regular."

Before treating amenorrhœa, care should be taken to see that the patient is not pregnant, although they say "the permanganate given in the dose we recommend has no power to produce abortion either in the early or late stages of pregnancy."

As a rule the permanganate is taken without difficulty. The solution is disagreeable to take, and in some cases produces nausea and even vomiting. The pills are preferable.

They say, in conclusion: "That the effects we have described are due to the manganese, and not to the potash in the salt, is shown by the fact that manganate of soda and binoxide of manganese are equally efficacious in the treatment of amenorrhœa. The manganate of soda was given in two grain pills, two to four times a day; and the binoxide in four grain pills, one four times a day. It may be thought that the manganese acts by improving the condition of the blood, but this is not the case. The treatment succeeds equally as well in the plethoric as in the anæmic. Given in cases of chlorosis the permanganate not infrequently brings on the period without in any way improving the anæmia."

T. A. A.



COMPLETE LUXATION OF THE LEFT ARYTENOID CARTILAGE WITH CONSEQUENT STENOSIS OF THE LARYNX.—*Chvostek* (*Wiener Medizin Blätter*, 1882, No. 39) reports a case of this accident in the larynx of a patient who, during the second week of typhoid fever, was seized with hoarseness, the fever taking on at the same time a pyæmic character. In the night, sudden dyspnoea occurred, with symptoms of laryngeal obstruction. Tracheotomy was immediately performed, but too late to save the patient. At the autopsy the left arytenoid cartilage was found (lying in the aditus laryngis) almost completely separated from its attachments, and bound by a bridge-like band to the base of an ulcer which occupied the original situation of the cartilage. In the neighborhood of the ulcer the posterior portions of the true and false vocal cords were wanting. There was œdema of the right aryepiglottic ligament. (*Centralblatt f. d. Med. Wissenschaften*, No. 52, 1882.) J. N. M.

BACILLUS TUBERCULOSIS FOUND IN THE BREATH OF CONSUMPTIVES.—At the Royal Society, November 8, (*British Medical Journal*, December 16) Dr. W. Roberts, F. R. S., communicated a "Note on the Discovery of Bacillus in the Condensed Aqueous Vapor of the Breath of Persons Affected with Phthisis." The aqueous vapor of the breath was condensed in a glass globe surrounded by ice and salt. It was found in condensing to carry down all the organic matter in the breath. The vapor was obtained from several advanced cases of phthisis and examined. In order to carry down the organic matter and afford a basis to attach the material to the microscopic cover-glasses, fresh white of egg, a little mucous, free from bacilli, was added to the fluid. No attempt to sterilize the fluids was made, as the ordinary bacteria of pu-

trifaction are not stained by the process used (Dr. Heneage Gibbes' method). In two cases bacilli were found which took the staining in the same manner as those found in phthisical sputa and tubercle; they were not found in several other cases, nor in the aqueous vapor condensed in the waiting-room of the Manchester Consumption Hospital.

BROMIDE OF ETHYL AS AN ANÆSTHETIC IN LABOR.—*Lebert* (*Archives de Tocologie*, June, 1882) says that while chloroform has its dangers and ether its disadvantages, ethyl-bromide is absolutely safe. Its employment hastens labor, and whilst it diminishes sensibility to pain the intellect is scarcely at all affected. Its administration causes a dilatation of the cerebral vessels, thus preventing syncope. Recovery from its use is speedy. There are no after-effects. It is to be given only during a pain, and if necessary, for hours. When pure, it is colorless, of an ethereal odor, causing when inhaled neither cough nor suffocation. Lebert is enthusiastic over it and insists on its use in every labor, robbing, as it does, parturition of every pang. (*American Journal of Obstetrics*, October 1882.)

THE QUALIFICATIONS OF A HEALTH OFFICER.—The rapid advance in sanitary knowledge, and, as a consequence, the more exacting demand for a careful and wise administration of sanitary law, requires a rigid scrutiny into the qualifications of all executive officers of health. So varied and responsible are the duties entrusted to the health officer of a large town or city that, without special knowledge and training, and good administrative ability, the holder of the position cannot successfully discharge the obligations of the trust. Recognizing the soundness and wisdom of this principle, the local government of England has long since required that all health

officers shall be medical men, who, by education and training, are especially fitted for the work of investigating the causes and prevention of diseases, the management of epidemics, supervision of sanitary inspections and the intelligent administration of the laws of health.

It happens too often in this country that the position of health officer is one of political reward, without consideration of personal and professional qualifications. The result is an inefficient, haphazard and automatic execution of the laws, and a failure to judiciously and efficiently carry out the duties of the office through ignorance of the fundamental principles of public and private hygiene.

A health officer should be an experienced sanitarian and a physician of thorough education. He should be capable of advising the sanitary authorities in all matters affecting the health of the people, and he should be competent to intelligently inquire into the causes, origin and distribution of diseases, to ascertain to what extent they are capable of removal or mitigation, and to make use of all the means at his disposal for the preservation of the public health. He should give his entire services to the position; he should receive a liberal compensation, and should have the assurance of remaining in office so long as the duties of it were judiciously and efficiently discharged. The present uncertain tenure of office is a bar to an eligible appointment, as none but a professional office-seeker is willing to throw aside the advantages of a permanent avocation for an office of uncertain tenure. *Medical News*, Jan. 27. (We commend the above sound and sensible suggestions of our Philadelphia contemporary to the consideration of his Honor, Mayor Whyte and the members of our City Council with whom the appointment of officers of health rests.—Ed.s)

THE MICROSCOPE AND MARRIAGE.—Marriages should be allowed, in doubtful cases, only upon the permit of a reliable microscopist. Last season a young physician asked me whether I believed in the marriage among kindred. He fell in love with his cousin and so did his cousin with him. I examined his blood and told him that he was a "nervous" man, passing sleepless nights, and had a moderately good constitution. The condition being suspected in the kindred lady, marriage was not desirable for fear that the offspring might degenerate. So great was his faith in my assertions that he gave up the idea of marrying his cousin, offering her the last chance, namely, the examination of her blood. The beautiful girl came to my laboratory and, very much to my surprise, I found upon examination of her blood a first-class constitution. The next day I told the gentleman, 'You had better marry her.' " *Heitzmann's Microscopical Morphology*, quoted by *Boston Medical and Surgical Journal*.

ACUTE DIFFUSE MYELITIS.—Dr. George L. Peabody (*Medical Record*, Feb. 3) records two cases of this malady, somewhat unusual in symptoms and pathology. The first was of a German aet. 21, who without apparent predisposing cause on arising one morning noticed a peculiar weakness in the legs, so pronounced that he could scarcely stand. The knees were tremulous, knocking together when he endeavored to stand, and he had severe headache, some vomiting, and febrile movement. By night he was unable to stand at all. There was slight numbness, but no pain or tingling was felt in the body or limbs. The hands became involved on the second day, but the extension was unaccompanied by sensory symptoms. On the fifth day tests of sensation showed sensory and tactile perceptions to be everywhere perfect. The blad-



der functions remained normal till the fourth day, when he lost control over them, but regained them on the sixth day, after which they continued under the influence of the will till death, on the seventh. The sphincter ani was always under the will's influence. Difficulty in speech supervened toward the end, the linguals being the most difficult to pronounce.

Microscopic examination of the cord showed everywhere a marked change in the bloodvessels, which were surrounded by a coating of young cells, disposed in several layers. These vascular changes were greater in the gray substance. The ganglion cells of the anterior horns were destroyed throughout the whole cord, and their places were supplied by dense aggregations of young cells, with increase in the number of connective tissue cells. In the posterior horns the ganglion cells were well preserved though the perivascularitis was distinct in them. The white substance was normal. The hypoglossal nucleus was to all appearance sound.

The second was a clerk, aet. 20; this case also being without predisposing cause. He awoke from sleep with an intense headache; shortly after, the left leg felt weak, and by night was powerless. On the following day the patient lost all use of the right leg, and was entirely unable to move either limb or toes. On the third day, the paralysis had extended to the arms, which rapidly lost all power. Sensation continued perfect everywhere. The bladder became involved on the second day, though the function of the sphincter ani continued always normal. Death occurred on the fourth day from interference with the phrenic nerve, the thoracic respiration ceasing first, and then the diaphragmatic.

The histological examination also showed the same vascular changes and destruction of the anterior cornu, as in the other observation, but here

there was also involvement of the cells of the posterior horns, which contained an increased number of young cells and free nuclei, as did also the posterior nerve roots. The medullary sheaths and axis cylinders of the white substance were broken down, forming in some places granular, in others homogeneous masses. Many nerve fibres in the peripheral portions of the cord remained intact. H. J. B.

**SALICYLATE OF SODA LOCALLY IN RHEUMATISM AND GOUT.**—Dr. Mackay draws attention, in *British Med. Jour.*, to the value of a solution of this agent as a local application to rheumatic and gouty joints, and relates cases confirming this opinion. Mr. Kendall, in *Lancet*, says, that he applied a solution of salicylate, ten grains to the ounce, to some small gouty deposits in the ear. The chalky matter softened and in four days disappeared, leaving only a small scar.—*Lond. Med. Rec.*, Dec. 15.  
c.

**GASTRO-ELYTROTOMY, WITH SPECIAL REFERENCE TO PORRO'S OPERATION.**—Dr. H. J. Garrigues, in additional remarks on the above subject, to those published in his monograph in 1878 (*Amer. Jl. of Obstet. & Dis. of Women & Children*, Jan., 1883), arrives at the following conclusions: 1. Dr. Thomas' method of gastro-elytrotomy has been performed eight times. One-half of the mothers recovered. All of the children survived, except two who had died long before the operation was done. 2. The operation may be performed with many antiseptic precautions. 3. Porro's operation has given less good results, and Müller's no better than Thomas'. 4. The danger, especially as regards hemorrhage, peritonitis and septicemia, are greater in the Porro-Müller's operations. 5. The intra-peritoneal treatment of the stump, in Porro's operation, carried out in five cases, has four

times resulted in death. 6. One advantage in the Porro-Müller operations is the possibility of operating before the commencement of labor. 7. Gastro-elytrotomy is less repulsive to the mind of the patient, less difficult of execution and can be performed with less assistance. 8. It does not sterilize the woman. 9. In country practice, the old fashioned Cesarian operation will in most cases be preferable to all its substitutes. 10. Thomas' operation can be performed on the left side as well as on the right. 11. The ureters stay below the incision. 12. All those who have performed gastro-elytrotomy on the living subject or on the cadaver recommend it. T. A. A.

THE EFFECTS OF TRACHELORRHA-PHY ON FERTILITY AND PARTURITION.—Dr. P. J. Murphy, in a paper on the above subject (*Amer. Fl. of Obstet. and Dis. of Women and Children*, Jan. 1883), deduces the following conclusions after a study of statistics gathered from literature in the Surgeon-General's office:

1. That repair of laceration of the cervix uteri is usually followed by sterility.
2. That the character of the labor is unusually severe and protracted, and that, in a large percentage, laceration occurs a second time.
3. That, in order to ascertain the benefit of surgical interference in such cases, an examination should be instituted several months after the operation to determine the condition of the cervical canal, and, if conception has taken place, the condition of the cervix following delivery. T. A. A.

HEMORRHAGE FROM THE THROAT AFTER SCARLATINA, REQUIRING LIGATURE OF THE COMMON CAROTID ARTERY.—Before the Clinical Society of London, recently, Mr. A. J. Pepper read the notes of a very interesting case of a man, thirty years of age, who passed through an attack of scarlet fever, and several weeks af-

terwards had a chill and complained of sore throat. Two days later the uvula was large and translucent and the soft palate red and swollen. The next day he complained of great difficulty in swallowing, and throbbing of the left side of the throat. Four hemorrhagic patches had appeared at the junction of the hard and soft palates, with a large and gelatinous bleb on the left side. Three hours later, the throat, especially on the left side, became rapidly swollen, accompanied by a feeling of suffocation; soon after he brought up a considerable quantity of blood. The swelling and difficulty of breathing then subsided, and at the same time complete aphonia appeared. The alternate enlargement of the neck, hemorrhage and subsidence of the swelling, were repeated, several times, until the patient was in a really critical condition. He had lost about forty ounces of blood, and there was no sign of an arrest of the hemorrhage. Considerable bulging of the pharynx was noticed and marked dyspnoea and aphonia. At a consultation between Dr. Mahomed, who had the man under his charge, and Mr. Pepper, it was thought dangerous to cut into the post-pharyngeal abscess, and it was decided to tie the left common carotid artery at the upper border of the omo-hyoid muscle; this was completely successful, and the case recovered. *Philadelphia Medical Times*, Jan. 13.

VOLTA PRIZE.—This prize of \$10,000, instituted by a decree of June 11, 1882, will be awarded in 1887 for a discovery which will render electricity effective and economical, as a source of heat or light, or of chemical action, or mechanical power, or a means of transmitting dispatches, or treating invalids. Any one may compete up to June 30, 1887. The examining commission will be appointed by the French Minister of Public Instruction.



TO GAZETTEER MEN who persistently importune us to subscribe for directories containing the names of leading physicians, we have only to say we have no need of their goods. We can generally find the names of most of the eminent men who do not take the Alienist and Neurologist among the recommendations of the proprietary medicines asking our daily attention.—*Alienist and Neurologist.*

SOCIETY BULLETIN. — *Academy of Medicine* will meet on Tuesday, February 20th, at 8:30 P. M.; Dr. I. E. Atkinson on "Vaccination." *Medical Association* will meet on Monday, February 26, 8:30 P. M.; Dr. H. A. Waters on "Gunshot Wounds, Illustrated by Two Remarkable Cases." *Clinical Society* will meet on Friday, February 16, 8 P. M., Dr. Mackenzie on "A Hitherto Undescribed Malformation of the Naso-Pharynx." *Medical and Surgical Society* meets every Wednesday, 8:30 P. M.; *Obstet. and Gynecol. Section M. and C. F.*, of Maryland, will meet on Friday, February 23, 8:45 P. M.

### MEDICAL ITEMS.

THE Commencement of the College of Physicians and Surgeons will be held at the Academy of Music on Thursday, March 1, at 12 M.—Dr. George Halstead Boyland has been elected to the chair of Anatomy in the Baltimore Medical College, vice Dr. Joseph T. Smith, recently resigned.—The House of Representatives has refused to take quinine from the free list and impose a duty of ten per cent. on it, as recommended by the Committee of Ways and Means. The effect of the duty would be to increase the cost to the consumers, the additional price going into the pockets of the manufacturers, of whom Powers & Weightman and S. Rosegarten & Sons are the chief in this country.—Dr. Severn P. Costin, assistant phy-

sician at the Quarantine Hospital of Baltimore, died January 30 of diphtheria, æt. 25.—Dr. Septimus Brown died in Baltimore, January 31, of disease of the heart, æt 56.—Dr. Sydney O. Heiskell, late assistant physician at Spring Grove Asylum for the Insane, has been appointed assistant quarantine physician of Baltimore, to fill the vacancy occasioned by the death of Dr. Severn P. Costin.—Dr. McHenry Howard reports that in January 321 cases of smallpox were at the Quarantine Hospital, of which 214 were white people and 107 colored people. Ninety-four were discharged, 80 died, and 147 remained in the hospital February 1.—Dr. J. Knowsley Thornton, of London, claims to have been the most successful ovariologist; he gives his mortality at 10.67 per cent.—The West Virginia State Board of Health has adopted resolutions complimentary to its secretary, Dr. James E. Reeves, declaring that to him "belongs in the main the credit of directing its successful labors, and in all things upholding its good name by his faithful energies and labors, alike for the State and medical profession."—A school of pharmacy for the education of women has been established in Louisville.—According to the *Louisville Medical News*, Chicago will probably be the place of publication of the *Journal of the American Medical Association*, the first number of which, it is expected, will be issued immediately after the next annual meeting.—A bill has been introduced into the Pennsylvania Legislature to establish a state board of health in that state.—Dr. Theobald, President of the Clinical Society of Maryland, entertained Dr. Formad at dinner on the 2d instant. Among the guests the Pathologists, of course, predominated.—The grand jury of Pensacola, Fla., have presented the board of health of that city for alleged gross negligence in connection with the yellow fever epidemic of 1882.

# MARYLAND MEDICAL JOURNAL.

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WHOLE No. 105.

BALTIMORE, MARCH 1, 1883.

VOL. IX, No. 21.

## ORIGINAL PAPERS.

### SUGGESTIONS REGARDING THE LOCAL TREATMENT OF SOME OF THE COMMONER AFFEC- TIONS OF THE EAR.

BY SAMUEL THEOBALD, M. D.,

Surgeon to the Baltimore Eye, Ear and Throat  
Charity Hospital; Ophthalmic and Aural  
Surgeon to St. Vincent's Hospital,  
Baltimore.

(Read before the Clinical Society of Maryland, Nov.  
17th, 1882.)

By way of supplement to the paper upon "The Use of Constitutional Remedies in the Treatment of Ear Diseases,"\* which I presented to this society last winter, it has seemed to me that it would not be amiss to say a few words regarding the *local* therapeutic measures which, in the more important and more frequently met with aural maladies, I have found to be most efficacious; for, though in otological practice constitutional treatment is often of great importance, local treat-

ment can seldom be dispensed with, and, indeed, in most instances must be our chief reliance.

First, then, to follow the usual anatomical order, let us consider affections of the external ear, and see what can be done in that most distressing and unfortunately very common malady, *furuncular inflammation of the auditory meatus*. We shall not often see such cases early enough, perhaps, to undertake successfully an abortive plan of treatment; but, when we are so fortunate, we can sometimes cut short the inflammatory process by the liberal application of an ointment composed of two grains of the yellow oxide of mercury to one drachm of vaseline. This should be applied by means of a camel's hair brush to the walls of the meatus several times a day, and in addition a pledget of cotton soaked with it should be kept constantly in the orifice of the canal. During the decline of furuncular inflammation, also, this same remedy may be employed to prevent the development of other boils, and to allay the itching which usually gives much annoyance. The

\*Published in the *Medical News*, Feb. 4th, 18th, 1882.



application about the ear of three or four leeches is another measure which will sometimes arrest the formation of furuncles. When the inflammatory process cannot be cut short, the chief indication is to relieve the pain, which is often very intense, and for this purpose the most useful local application that I know of is baume tranquille.\* Three or four times a day, or if need be oftener, six or eight drops of this anodyne oil, slightly warmed, should be instilled into the ear, the head being inclined to the opposite side, and a small bit of cotton inserted before its position is changed. Sometimes a four-grain solution of sulphate of atropia, or Magendie's solution of morphia, used in a similar manner, will produce a better effect, but in *furuncular* inflammation the baume tranquille is usually more efficacious. The repeated instillation of hot water into the ear is often useful, lessening the pain and by its poultice-like action hastening the suppurative process. By means of the aural douche hot water may be still more effectually applied, but its proper use requires more skill than is commonly at command for the purpose. The application of poultices is not to be commended, but an excellent substitute for them is a folded flannel cloth sprinkled with laudanum after having been dipped in hot water and rung partially dry. Formerly all otological authorities taught that an early incision of the furuncle was advisable, but Dr. Buck has recently, and with good reason, I think, questioned the wisdom of this indiscriminate use of the knife. When an incision is likely to give vent to pus, or to relieve tension, it may be resorted to, otherwise it is as apt to do harm as good.

In *diffuse inflammation of the meatus*, when of *acute type*, the treatment differs but little from that which has been recommended in *furuncular inflamma-*

tion; the same anodyne applications are useful, and so is the hot water instillation or the douche, but leeches are, perhaps, more urgently called for, and to keep the ear free from discharge more frequent syringing with warm water is required. *Chronic* diffuse inflammation of the meatus occurs in two forms. In one the walls of the canal are hyperæmic, swollen and dry, and the ear is often blocked up with exfoliated epidermis and granular masses of cerumen; in the other there is also redness and swelling of the walls, but in addition a more or less copious discharge of sero-purulent matter from the integument of the meatus, which under such circumstances presents the character rather of mucous membrane than of healthy skin. In the former variety I have employed for some time the two following ointments, and I have met with but few cases in which, with the requisite constitutional treatment, one or the other would not accomplish a cure: R. Hydrarg. Ox. Flav. gr. viij, Balsam. Peru. gtt. xv, Vaseline ʒss. M. R. Zinci Ox. ʒss, Balsam Peru, gtt. xv, Vaseline ʒss. M. After careful syringing, whichever of these we may select should be applied to the walls of the meatus once or twice a day, by means of a camel's hair brush. Of late I have added occasionally, and with advantage I think in some instances, from twenty to forty grains of powdered boracic acid to the zinc and vaseline ointment. In the latter variety decidedly the most useful remedy that I am acquainted with is the mixture of equal parts of oxide of zinc and powdered boracic acid, of which I have had occasion to speak heretofore. After cleansing the ear with a syringe, this should be blown into it freely by means of an insufflator, the application being repeated every day or two, or as often as may be required to check the discharge. Diffuse inflammation of the auditory canal is not unfrequently due to the

\*For formula, see French Codex, p. 308

presence in the ear of *fungi*, especially *aspergillus*. Under such circumstances this powder is particularly useful, because it not only benefits the inflammation, but at the same time promptly destroys the parasite. Some months ago I reported in the *American Journal of Otology*\* four cases of this character in which it had been employed with excellent effect; since then I have met with a number of other cases, in each of which I have followed the same plan of treatment, and always with entire success, the fungus seldom appearing to survive the first, and never, I believe, the second application of the powder.

In *eczema of the auricle*, which is often associated with diffuse inflammation of the meatus, one of the ointments which I have recommended in the latter condition should be employed, lard or cold cream being substituted for the vaseline, however, to give it greater consistency.

In *acute inflammation of the middle ear* of sufficient intensity to be attended with pain, I have for several years been in the habit of employing sulphate of atropia as a topical application. Six or eight drops of a four-grain solution of this salt warmed and dropped into the affected ear three or four times a day, will often produce the happiest effect, diminishing, if not entirely relieving the pain, and favorably influencing the course of the inflammation. Hot water repeatedly poured into the ear, or applied by means of the douche, is also useful, and, if the pain be severe, leeches are demanded, and frequently give very great relief. An early incision of the drum-head is not to be too hastily performed. It is time enough to resort to the knife when the membrane becomes bulged at some point, and it is evident that a perforation is imminent; but even under such circumstances when the knife has been withheld, I have seen the in-

flammation subside, and the membrane regain its normal state without the threatened perforation occurring. After the membrane has yielded and an otorrhœa become established, it is often a difficult question, in recent cases, to determine what is the best course to pursue. Very frequently nature, unaided, will restore the drum-head and the ear itself to their normal condition, and sometimes I believe, even the use of the syringe, by macerating the parts and encouraging the formation of pus may interfere with this reparative process. If, therefore, the discharge be not abundant, and, perhaps, not distinctly purulent in character, we may do well in doing nothing for a few days, at least so far as local treatment is concerned; unless, indeed, the pain should still persist—which is not often the case after the appearance of the discharge—when the atropia instillations may be continued, but with rather more caution than before the occurrence of the perforation. If after five or six days the discharge does not diminish in quantity or improve in character, more active treatment should be instituted. Under such circumstances I usually either prescribe a solution of boracic acid (gr. v—x to aq. destill. ʒi) with which to syringe the ear twice or three times a day, or, after thoroughly cleansing the ear with the syringe and Politzer bag, I blow into it the oxide of zinc and boracic acid mixture, of which I have spoken. From each of these methods of treatment I have obtained most satisfactory results. When the case cannot be seen daily, the former method had better be tried, because the application of the powder cannot be properly made except by the surgeon, and for a time it is generally necessary to repeat it every day. Solutions of such astringents as nitrate of silver and sulphate of zinc are seldom required in recent cases of otorrhœa. Dr. Ely, of New York, has pointed out the

\*April, 1881.



harm which occasionally results from their use, and my own experience leads me to endorse what he has said upon this point.

The treatment of *chronic otorrhœa* is a subject, the thorough consideration of which would occupy more space than I have allotted to the whole of this paper; only a few essential points, therefore, can be referred to. In the first place, it should be borne in mind that a *persistent discharge from the ears very rarely exists with an intact drum-head*. In almost every instance there is a more or less extensive destruction of this membrane, and the pus flows from the tympanal cavity, the inflamed and swollen mucous membrane lining which is the seat of its formation. Granulations are usually present also upon the walls of the tympanum, and polypoid growths frequently spring from them, but, to judge from my own experience, they are not often the seat of caries or necrosis.

The object of whatever treatment we may adopt is to check the discharge by improving the condition of the mucous membrane of the tympanum, and if possible to restore the integrity of the drum-head. The removal of polypi, if they be present, is, of course, a necessary preliminary to successful treatment by medication. Blake's snare, supplemented by the careful application of chromic acid to the roots of the larger polypi and to such growths as are too small to require instrumental removal, affords the best means of accomplishing this. Of the various remedies which I have employed from time to time in the treatment of chronic otorrhœa, no one has given me as much satisfaction, and has produced favorable results in so large a proportion of cases, as the powder composed of equal parts of boracic acid and oxide of zinc, to which I have alluded several times. Although many observers report very excellent results from the use of boracic acid alone—and I am

able from my own experience to confirm these favorable reports—I am convinced that the addition of oxide of zinc makes a still more efficacious remedy, because it possesses astringent and drying, as well as antiseptic properties. The tendency which it exhibits to form into rather hard lumps furnishes the only ground for objection to its use, but from this I have not experienced serious inconvenience. The healing properties of the ointment of oxide of zinc are well known, and to those who are familiar with its use the favorable action of the zinc powder in otorrhœa will not be a surprise. Careful cleansing by means of the syringe and Politzer bag is an essential feature in the successful management of otorrhœa and must precede each application of the powder, which at first should be repeated daily, and less often as the discharge declines. The easiest and most effectual method of introducing the powder is by insufflation, and the very best insufflator that I have ever seen consists of a bit of rubber tubing ten inches long and large enough to permit the introduction into one end of a short piece of quill, as a mouth piece, and a somewhat longer piece into the other, to carry the powder. The facility with which any desired quantity of powder may be tucked into the longer quill, the transparency of the quill which enables one to see how much powder is being used, and the largeness of its calibre relatively to the diameter of the barrel, render this, in my estimation, a more useful contrivance than the carefully made rubber or metallic insufflators which the instrument manufacturers supply.

When this treatment fails to arrest the discharge, it is well to omit the boracic acid and apply the oxide of zinc alone, as cases occasionally are met with in which this produces a much better effect than the two combined. Sometimes a mixture of bo-

racic acid and alum may be employed with advantage, or a five-grain solution of sulphate of zinc may be prescribed, to be dropped into the ear two or three times a day, or we may use in a similar manner a weak solution (gr. j—ij to ʒj) of nitrate of silver; and if, in conjunction with such constitutional treatment as may be called for, none of these succeeds, we may try still a host of other agents, such as alcohol, iodoform, carbolic acid, etc., but better success will rarely reward our perseverance.

When the *labyrinth* is the seat of disease, local remedies, with the exception, perhaps, of leeches and counter-irritation, are of but little avail; but in the more frequently met with pathological states of the *tympanum*, to which we somewhat loosely apply the term *middle-ear catarrh*, local treatment—though it may be very often supplemented advantageously by internal medication, as pointed out in my previous paper—is of the very first importance. Formerly the application of medicinal agents directly to the tympanal cavity—as, for instance, the injection through the Eustachian catheter of astringent solutions—formed an important feature in the local treatment of middle-ear catarrh; but of late, and especially among American otologists, this questionable practice has been abandoned to a great extent, a clearer recognition of the intimate dependence of the aural affection upon co-existent catarrh of the nasal, post-nasal, and faucial regions having led to the adoption of a more rational plan of treatment, in which the relief of this general catarrhal condition is regarded as the first and most important indication. It is, then, to the extensive tract of mucous membrane lining the post-nasal and faucial cavities, rather than to the tiny and almost inaccessible cavity of the tympanum, that we now chiefly direct our medication. Whether, so far as the

relief of deafness and the usually accompanying tinnitus is concerned, the therapeutic measures employed shall be successful or not, depends mainly upon the character of the pathological changes which have taken place in the tympanum. If they be such as commonly belong to a *simple catarrh of a mucous membrane*, though the aural symptoms may have existed for a long time, a gratifying degree of success can usually be attained; but, unfortunately, owing to the peculiar histological structure of the integument which invests the tympanal walls and is reflected upon the chain of ossicles, dependent upon its twofold character of periosteum and mucous membrane, connective tissue hyperplasia, with consequent sclerosis, and rigidity or perhaps ankylosis of the delicate articulations of the ossicles, occurs only too frequently as a complicating condition, which, in many cases, especially of *chronic* middle-ear catarrh, renders our best directed efforts of but little avail. It is doubtless a tendency to such periosteal thickening and ankylosis, transmitted from parent to child, that determines the development of deafness in many members of certain families, and it is because of this that these cases are so little amenable to treatment.

The question, whether we have to do with a simple case of mucous catarrh or one presenting the characteristics rather of periosteal inflammation, though important as regards prognosis, does not materially influence the local treatment. In either case the repeated use of the Politzer bag is generally required, to restore the perviousness of the Eustachian tube and the mobility of the chain of ossicles, and in either the Eustachian catheter, to judge from my own experience, is only exceptionally needed, to dissipate accumulations of fluid in the tympanum or it may be for purposes of diagnosis. The same treatment also is applicable to the post



nasal and pharyngeal catarrh which is the usual accompaniment of both conditions, iodine being the remedy which I would recommend as of the greatest value, and nitrate of silver being next in order.

The occasional application of medicinal agents to the posterior nares and pharynx by the surgeon, I have regarded for a long time as of much less importance than their more frequent use by the patient himself. For this reason the prescribing of a gargle forms a part of the treatment which I adopt in almost every case of middle-ear catarrh. I also frequently instruct patients in the use of the post-nasal spray, and sometimes succeed in teaching them to make applications to the posterior nares in a very satisfactory manner by means of a stout camel's hair brush, which having been wet several times and allowed to dry with the hair bent at a right angle to the quill, presently retains the desired shape. The gargle which I most frequently employ, and the good effects of which I have seen in numberless instances, is one recommended by Von Trötsch. I usually prescribe it as follows: *R.* Potas. Iodid.  $\mathfrak{z}$ j; Tinct. Iodin., Spts. Vini Gal.  $\mathfrak{a}\mathfrak{a}$   $\mathfrak{z}$ j; Aquæ  $\mathfrak{z}$ j. M. S. Put two teaspoonfuls in half a tumblerful of water, and use as a gargle three times a day. To prevent the escape of the iodine the tumbler should be kept covered, and it should also be set in a dark place. The addition of a teaspoonful of tannic acid to each half tumblerful of the diluted gargle often increases its efficacy, especially when there is marked congestion of the faucial and pharyngeal mucous membrane. When it seems desirable to medicate more directly the mucous membrane of the vault of the pharynx and posterior nares, this same solution, either with or without the tannic acid, and diluted as for gargling, may be employed twice or three times a day as a post-nasal spray, Davidson's atom-

izer (No. 59) being a convenient instrument for this purpose. The surgeon may also apply to this region daily, or once in two days, stronger remedies, such as tincture of iodine or a solution of nitrate of silver (gr. xx—xl to  $\mathfrak{z}$ j) by means of the bent brush, which I have described, or the cotton holder, as recommended by Dr. Buck. When favorable results do not follow the iodine treatment, we may substitute nitrate of silver, prescribing a five-grain solution to be applied by means of the atomizer to the pharynx and posterior nares twice daily, or we may order a solution containing ten grains, each, of boracic acid and alum, to be used in a similar manner. But, whatever treatment may be adopted, it is of the utmost importance that it should be resorted to without delay, so that, if possible, the inflammatory process may be arrested before the sclerotic changes of which I have spoken have taken place in the tympanal mucous membrane. That this point is one which can not be too strongly emphasized, and that especially it needs to be impressed upon the medical mind, is manifest, when we consider that probably three-fourths of the large number of cases of incurable deafness to be met with in every civilized community are consequent upon middle-ear catarrh, and that one-half of these, to speak within bounds, are as they are—incurably deaf—because when relief might have been obtained, procrastination and indifference, fostered too often by unwise counsel, prevented its being sought.

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HON. JOHN V. L. FINDLAY, M. C., of Baltimore, will deliver the address to the graduating class of the University of Maryland, School of Medicine, at the approaching commencement, and Dr. Nathan S. Lincoln, of Washington, will deliver the annual oration before the Alumni Association.

## THE CLINICAL DIAGNOSIS OF CHRONIC ENLARGEMENTS OF THE TESTICLE.

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The frequency with which the surgeon is called upon to treat chronic enlargements of the testicle, and the gravity of such cases in their bearing both upon the life of the individual and the functional integrity of the organ, make a careful study of the clinical points to which we have access particularly desirable. Any lesion of the seminal gland is a matter of grave import, for even acute epididymitis may leave organized inflammatory products behind it, which block up the vas deferens and leave the patient sterile for the rest of his life; but those affections which give rise to chronic enlargement of the organ are almost of necessity such as directly threaten it with destruction or put the life of the patient in peril, and under these circumstances it is only the careful diagnosis and timely treatment of the surgeon that can prevent the destruction and save the life. There are, however, so many common clinical features in the various chronic enlargements of the testicle and so much variety in different cases of the same kind that the diagnosis is frequently difficult and sometimes impossible. Hence the necessity of extreme caution in passing an opinion, upon the correctness of which, the preservation of the affected gland or even the patient's life may depend.

I propose therefore in this paper to consider the chronic enlargements of the testicle as they are presented to us clinically and to discuss those points which have a practical bearing upon diagnosis. Acute affections of the testicle will not be referred to and chronic fluid accumulations in the tunica vaginalis will be considered

only so far as they bear upon the diagnosis of affections of the testicle proper or complicate those affections. I will also only discuss treatment in so far as it serves to differentiate one class of cases from another, and such discussion would in any case be a work of supererogation since, in the present state of surgical science, the lines of treatment appropriate for the different varieties of enlarged testicle are sufficiently obvious.

It is only in comparatively recent times that surgeons have had even a tolerably accurate notion of the different causes which lead to chronic enlargement of the testicle and the nomenclature of the older surgeons was about as vague as their pathological anatomy. For example, Percivall Pott,\* after discussing the various kinds of sarcocele, remarks: "These different appearances, though distinguished by different titles are really no more than so many stages (as it were) of the same kind of disease." These older authors recognized syphilis as one of the causes of sarcocele and treated cases due to that disease with mercury; but they, as is also the case with many modern writers, attached undue importance to the co-existence of other syphilitic symptoms in arriving at a diagnosis. It was only about thirty years ago that Curling wrote his admirable work† on the testicle and placed before the profession the accumulated knowledge of previous times, together with the results of his own not inconsiderable experience. Curling's work has been from the time of its publication, and is yet, in no small degree, the most generally accepted authority on testicular troubles. He is copied and quoted without stint by all English and American writers to whose works I have had access, and

\*The Chir. Works of P. Pott, F. R. S. Ed. by Sir James Earle, F. R. S. Phil., 1819, vol. II, p. 118.

†Curling—Dis. of the Testicle.



his statements have been accepted with that childlike simplicity which includes the faults with virtues. Let me not be understood to question his statements or criticise his work, as it emanated from him. But advances in pathological anatomy have corrected some of his misconceptions as they will correct ours in the future; and these changes in the state of science should be noted as time goes on. Curling's views in regard to chronic orchitis certainly do not meet with the approval of the surgeons and pathologists of today. Prof. Kocher,\* of Bern, has, as far as I am aware, made the most elaborate and valuable contribution to the surgery of the testicle in recent years. I think he may justly be said to have brought the work up to date and to have placed all that is at present known on the subject before the profession.

The possible tumors of the testicle include nearly all the varieties of new growth found in the body, besides several varieties of specific enlargement of the organ. Thus we have chronic orchitis, tuberculous orchitis, syphilitic orchitis (in two forms), spermatocele, adenoma, cystoma, carcinoma (in three forms), fibroma, myxoma, enchondroma, sarcoma (in various forms), myoma, teratoma and lipoma. In undertaking the diagnosis of a chronic testicular enlargement, therefore, we must keep in view the possibility of its being any one of the above mentioned varieties. Practically, however, we know that by far the great majority of the cases we meet with clinically belong to one of four or five varieties, and hence as a rule our differential diagnosis will be limited to these more common forms. Tuberculosis, syphilis, cancer and sarcoma, are the chief causes of enlargement, and it is only after all these are excluded that we are called

upon to consider the rarer forms of tumor and differentiate between them. Indeed it is generally among the more common enlargements that so many common features are found and so much difficulty encountered in arriving at a correct diagnosis, while it frequently happens that the rarer tumors present such unmistakable characteristic signs that they are recognized without difficulty. A brief consideration of the clinical points presented by the common forms of testicular enlargement and some reference to the statements of authors in regard to them will be necessary.

**Tubercular Testis.**—This affection generally occurs in early youth or manhood, is of slow growth, devoid both of pain and the normal sensation of the testicle on pressure, presents a hard, knotty, irregular form, is accompanied with decrease or loss of sexual desire, generally begins in the epididymis and terminates in the formation of abscess, fistula and benign fungus testis. As the disease progresses the vas deferens becomes affected, and later rectal examination often reveals tubercular degeneration of the vesiculæ seminales. The association of tuberculous lesions in other organs, or the presence of hereditary tuberculous taint, is of value in determining the diagnosis, though Curling says\* the testicle alone may be affected with tubercle. Tuberculous testis is perhaps more easily diagnosticable than any of the various chronic enlargements of the organ, though we will see as we go on that there are some features which among other complications might be productive of error.

**Syphilitic Testis.**—It is in syphilis of the testicle that more difficulties are encountered and more mistakes made than in any one of the affections under consideration. Syphilis may affect the organ in two distinct ways,

\*Kocher--Von Pitha & Billroth—Alg. u. Spec. Chir. B. III, Abth. II, 7th.

\*Curling, loc. cit., p. 289.

respectively known as Syphilitic orchitis and gumma of the testicle. Of these syphilitic orchitis is much the more frequent. The clinical aspects of an ordinary case of Syphilitic testis resemble in many points those of Tuberculous testis. Thus it is generally painless, without secondary glandular enlargement, is accompanied by decrease or absence of sexual desire, is hard and nodular, shows loss of sensitiveness to pressure, and absence of the normal sensation, is slow in its growth and sometimes results in softening and abscess with the formation of benign fungus testis, though more frequently in atrophy. On the other hand it is much more frequent than Tuberculosis of the testicle, may occur at any age, is usually associated with other syphilitic symptoms, the cord is not involved and the vesiculæ seminales remain free. It is unfortunately the case, however, that the symptoms of Syphilitic testis do not follow always the course described above. They vary in almost every particular, the variations covering a very wide range. In the first place as Vidal\* remarks: "The same tumor may be a secondary symptom, a symptom of the transition period or a tertiary symptom, for sometimes we see syphilitic sarcocele develop during the existence of the chancre, at the time of the earliest syphilides, and even without any previous syphilide, sometimes it only appears with the deeper and slower syphilides; or, it can appear only at the latest period with the exostoses." We see, therefore, that although we are generally taught to expect Syphilis of the testicle among the later symptoms it may occur with any or may occur alone. Vidal† refers to a case in which he saw Syphilitic sarcocele in a patient whose only

antecedent was a chancre of the lip, and Ricord\* also bears witness that "this disease of the testicle, result of antecedents already mentioned, shows itself sometimes as the only sign of secondary affection." We see, therefore, that although many writers insist on the presence of a syphilitic history or the coëxistence of other syphilitic symptoms in order to make a diagnosis of this form of testicular enlargement we may have clinically neither the one nor the other and still have to do with syphilitic sarcocele, the chancre having never been recognized or having been forgotten and no other symptoms having presented themselves. The statements of authors in regard to the consistence of syphilitic sarcocele are also rather perplexing. While it is generally and correctly taught that hardness is a prominent characteristic, some authors (Gant,† Bryant‡ and others) teach us to expect nodulation; others (Agnew¶ and others) tell us we are not expected to find marked irregularity. It will be observed that nodular hardness is also a prominent characteristic of Tubercular testis. Where gummy tumors exist we will also necessarily have spots of softening which remind us of sarcoma or cystic disease. Pain is a symptom generally conspicuous by its absence in Syphilitic sarcocele, the tumor generally causing no inconvenience except by its bulk and weight. Agnew§ lays great stress upon "weight without pain" in speaking of the diagnosis, and he, together with many other good authorities, fails to speak of the many exceptions to the rule. Kocher,|| after speaking of the usual absence of pain, remarks that "nevertheless cases have been reported in which intense pain existed in the groins, small of the back

\*Ricord, *Tr. Pratique des Mal. Ven.* Paris, 1858, p. 640.

†Gant, *Surgery*, p. 451.

‡Bryant, *Surgery*, p. 694.

¶Agnew, *Surgery*, p. 589.

§Agnew, *Surgery*, p. 591.

||Kocher, *loc. cit.*, p. 299.

\*Vidal, (de Cassis.) *Tr. des Mal. Ven.* Paris, 1853, p. 429.

†Vidal, (de Cassis), *loc. cit.*, p. 430.



and testicle itself, which led the patients to beg for the removal of the organ." Gant also refers to a case which came under the care of Dupuytren after one testicle had been excised because "the size, hardness and excruciating pains," left no doubt as to its malignant nature. The remaining testicle was attacked in the same way when Dupuytren administered mercury and cured it. It is just in these exceptional cases that we are liable to make the fatal error of mistaking a Syphilitic testicle for a cancerous one. Accumulation of fluid in the tunica vaginalis is a very frequent complication of Syphilitic testicle, and often exists in such quantity as to mask the real trouble so completely that the enlargement of the gland is only discovered after its withdrawal. This is, however, by no means a pathognomonic symptom since it occurs also with some of the other chronic enlargements. A good deal has been written by Curling and the older authors in regard to differentiating between Syphilitic testicle and simple chronic orchitis. G. M. Humphreys\* says "the symptoms and course of the two are the same. Their pathology as far as we can judge from external examination, is the same. \* \* \* \* \*

Lastly, and this is not the least important reason, the two affections can be distinguished only by the history, or by the presence or absence of other symptoms; and it is probable, if not certain, that many—I would say most—of the cases supposed to be examples of simple orchitis are in reality the result of syphilitic disease. Professor Kocher† says "The more surgical text books one examines the more classifications and differentiations of chronic orchitis as distinguished from Tuberculosis and Syphilis of the testicle one finds. As men will not give unto Cæsar the things which are Cæsars, so, many cases of syph. test. have been attributed to chronic orchitis. Curling fell into this error, as has

been pointed out by Virchow, and followed pretty generally the lead of Brodie. One finds in reading the pathological anatomy of his chronic orchitis that it corresponds exactly with Gumma testis. \* \* \* \*

Curling's prognosis and therapy agree also with syph. test. Where else do we see this specific efficacy of mercury in chronic inflammation?" These two statements express the views of the surgeons of to-day. That we have sometimes a simple chronic orchitis is certain, but that it is a great rarity is equally so, and it can only be distinguished from syph. test. by the results of treatment. The tendency to successive involvement of the two glands is quite apparent in syph. test., but is not peculiar to it, since the same thing occurs in tuberculous disease. Colles,\* in summing up the points of diagnosis of Syph. test. remarks: "I shall not attempt to discriminate it from the cancerous testicle, nor from that condition of the gland which by some is denominated scrofulous, a term which is often applied with very little reason or accuracy to many anomalous diseases of the testicle. A reference to the history of the case and the coëxistence of some other symptoms of a syphilitic nature can alone enable us to form a correct diagnosis." If he had added a study of the effect of anti-syphilitic medication, even in those cases which do *not* present a syphilitic history he would have laid down the law upon which the accuracy of our diagnosis depends to-day. Syph. test., as a rule, may be readily diagnosticated, but the exceptional cases may simulate other diseases so closely that we can rarely absolutely exclude it, except by the aid of treatment. Curling† refers to a case where it even simulated fibroid testicle so

\*Holmes, Surgery, (G. W. Humphreys) vol. II., p. 923.

†Kocher, *loc. cit.* p. 254.

†Curling, *loc. cit.* p. 331.

\*Ven. Dis. and Use of Merc. Lond. 1837 1.  
191.

closely that castration was resorted to. Upon the other testicle becoming fibrous, Sir B. Brodie administered mercury and cured the case.

**Carcinoma Testis.** The differences which we have found in the clinical aspects of certain cases of syph. test. are only equalled by those of cancer of the testicle, and the statements of authors in regard to the latter disease are, if possible, more at variance with each other. Gross\* and Van Buren† following Rindfleisch, state that soft cancer is the only variety which occurs in the testicle, while Curling‡ says we may have Schirrus, E. cephaloid and Melanosis. Kocher§ refutes Rindfleisch, and relates in detail a case of *carcinoma simplex*, observed by him in the clinic of Professor Lücke, of Strasburg, in which "the strict requirements of anatomical proof" are adduced, and the previous clinical observations of Sir A. Cooper, Curling, Verneuil and Nepveu supported. Melanosis does, rarely, occur in the testicle, but always as a secondary deposit, and hence is of no interest from the standpoint of clinical diagnosis. Cancer of the testicle may occur at any age "from the cradle to the grave," though it is rare after forty, and if it does occur so late is likely to be of the schirrus kind. It is of rapid growth (schirrus excepted), and may attain enormous size in comparatively short time. It may be hard, irregular and nodulated, or soft, regularly ovoid and smooth. Pain is its most irregular symptom. It is usually described as giving rise to burning, lancinating pains in the testicle shooting up into the groins and small of the back. Van Buren|| says unhesitatingly that the "pain is liable to be severe soon after commencement; some-

times excruciating"—that the disease is recognized "by pains from the start"—and "there are darting, sharp, burning paroxysms and constant pains, aggravated by handling." While on the other hand we find it stated by Kocher\* that "without any other suspicious symptoms beside the gradual increase in the size of the testicle can this disease (cancer,) for which after a few months any treatment comes too late, develop itself." We have here in regard to the one symptom of pain statements from two very prominent authorities which are utterly at variance with each other. Lymphatic involvement occurs early in cancer, metastases in the abdominal, retro peritoneal glands being very common and sometimes recognizable through the belly wall. Inguinal lymphatic metastases indicate cancerous affection of the tunics of the gland. We shall find difficulties also in other respects. The consistency and form of the tumor follows no general rule closely enough to make it of diagnostic value. Curling‡ says: "In the early stage, however, of encephaloid cancer the characters of the tumors are so similar to chronic orchitis that the diagnosis is extremely difficult, and sometimes we have no other guide on which we may rely, than the influence of remedies on the disease." He also refers to a case of schirrus with "little or no pain, slow growth and stony hardness," in which the post-mortem revealed a hard cancer which had extended into the abdomen and involved the bladder. It must be borne in mind also that carcinoma may be associated with cystic disease, enchondroma and other growths which make its recognition the more difficult. In fact it is generally admitted that its differentiation from cystic disease, non-transparent hydrocele, old hematocele, the earlier stages of syphilitic testicle and sarcoma is often absolutely impossible. I have already spoken of cases where syphilitic testicle has been removed for cancer. Curling§ refers to a case of old

\*Gross, Surgery, 1882, vol. II. p. 804.

†Van Buren and Keyes, Gen. Ur., Ur. Dis. with Syph., p. 436.

‡Curling, loc. cit. p. 292.

§Kocher, loc. cit. p. 347.

||Van Buren, loc. cit., Diag. Table.

\*Kocher loc. cit. p. 360.

‡Curling, loc. cit., p. 257.

§Curling, loc. cit., p. 189.



hematocele removed under the impression that it was malignant, in which examination after the operation revealed a perfectly healthy testicle behind the hematocele, and the literature of the subject shows many cases where under this or other misapprehension a good testicle has been sacrificed and the patient unnecessarily subjected to the danger of an operation. It is the more to be regretted that the diagnosis of carcinoma of the testis is surrounded by so many obscurities on account of its bearing on prognosis. If we could positively and absolutely diagnosticate this disease the patients would in many cases be spared the pain of an operation, for there is no operation in surgery which presents a more gloomy prospect for permanent relief than castration for cancer. The old maxim of Dupuytren that "if you remove a carcinoma testis the disease almost always returns" is not only accepted as the result of clinical experience at the present time, but Kocher\* goes so far as to assert that "We can not at this moment positively say that a single case of permanent healing of carcinoma testis by operation is known" and further. "The indication for castration arises chiefly from the circumstance that in the majority of cases especially where surgical treatment is yet to be thought of, an entirely safe differential diagnosis between it and Sarcoma or Adenoma, and not unfrequently even with regard to other tumors, cannot be made."

**Sarcoma Testitis.** Sarcoma is the least common of the four classes of tumors we have considered as the most frequent causes of testicular enlargement, and at the same time it appears in so many different forms and combinations that its diagnosis is fully as difficult as the troubles considered above. We have all shades of consistency from the soft, smooth, ovoid mass of pure medullary Sarcoma, which fluctuates so freely as to give the impression of fluid contained in a sac, to those combinations of Sarcoma with enchondroma and other firm tissues which might be mistaken for Syphilis or Schirrus. Van Buren† says the tumor grows slowly, increase sometimes

suddenly becoming rapid upon the occurrence of cancerous degeneration Kocher\* says the growth of soft Sarcoma is rapid from the first. The other forms are more or less slow. We have also the same discrepancies in the statement of authors in regard to pain that we encountered in the study of Carcinoma though it is agreed pretty generally that pain as a rule is not present except from the weight of the organ, though in some cases it is a prominent symptom and partakes of the nature of that which characterises cancer. Glandular involvement occurs pretty early in the softer forms, but is later in the small growths. Prognosis in the rapid growing medullary sarcoma is very nearly as gloomy as in carcinoma, though some cases of cure have been reported, but in the harder forms the prospect of permanent relief by castration is much better. Nevertheless Van Buren† in speaking of sarcoma of the testicle in general, says the "prognosis is good; if removed it does not return." The epididymis is involved as a rule earlier in sarcoma than in carcinoma.

The rarer forms of chronic enlargement of the testicle are generally more readily diagnosticated than those more common tumors of which we have been speaking though the rule is not without exception.

Fibroid tumor of the testicle is a very rare affection. Gross‡ says, "the history of the case, the chronic course of the disease, the absence of pain, the freedom from sympathetic involvement, the integrity of the spermatic cord and the great firmness of the tumor readily serve to establish the diagnosis between this and the other affections of the testis." Kocher|| however, claims that only four cases of fibroma testis are known, two mentioned by Curling and two other European cases. If Kocher is right it seems that Gross' views on the diagnosis, while they may be perfectly correct, are rather philosophical

\*Kocher loc. cit. p. 383

† Van Buren and Keys, loc. cit., Diag. Table.

‡ Gross, loc. cit. p. 804.

|| Kocher, loc. cit., p. 365.

\*Kocher loc. cit. p. 363.

† Van Buren & Keys, loc. cit. Diag. table.

than the result of experience. My colleague, Prof. L. McLane Tiffany, has recently met with a case of this rare tumor of the testicle for which castration was performed at the surgical clinic of the University of Maryland.

Gross\* refers to a case of Follin's of fatty testicle. The testicle was enlarged but of normal form.

Cystic disease seldom occurs except in combination with some of the forms of carcinoma or sarcoma. Clinically, it is to be treated as a form of sarcoma. Enchondroma occurs rarely alone but when it does it is readily distinguishable from all other tumors by its considerable size slow growth and persistent hardness.† It is not uncommon in combination with sarcoma.

Myxoma, myoma and adenoma are also rare and are to be classed with sarcoma and cancer clinically.

Teratoma. Clinically Teratoma‡ is a tumor gradually increasing for many years without showing, until the occurrence of inflammation, any troublesome symptoms. There are two diagnostic signs, one or the other of which, or perhaps both, will make the case clear. First, the tumor is congenital. True, sarcoma and carcinoma are sometimes also congenital, but these tumors grow rapidly without signs of inflammation which teratoma does not. Second, when abscess forms foetal remains, bone, hair, teeth, etc., are discharged.

I think it will be admitted that in thus studying the clinical aspects of the class of diseases under consideration we are left without a safe guide to correct diagnosis. In fact we can but agree to a remark of James Russel,¶ who wrote a little work on the testicle fifty years ago. He says: "The diagnosis of chronic cases is

exceedingly difficult as most of them have many symptoms in common, and no one is possessed of a pathognomonic symptom which belongs to it exclusively. Some of the diseases are of so obscure a nature as not to manifest their presence by any exact symptoms, and are only to be known by having an opportunity to examine the internal structure of the testicle." The most prominent symptoms are misleading. We have hardness in tuberculous testicle, syphilitic testicle, schirrus and some forms of sarcoma—weight in all solid enlargements, softness in carcinoma, sarcoma, cystic disease, hematocele, non-transparent hydrocele. Pain is equally misleading; we sometimes have it in syphilitic testicle and do not find it in cancer. Slowness of growth we see in several of the enlargements; rapidity of growth, however, always means malignancy. In regard to association of symptoms we may have a syphilitic testicle in a tuberculous patient or vice versa, or a malignant tumor in either. In short, it is often absolutely impossible to diagnosticate a chronic enlargement of the testicle. What, then, are we to do with the obscure cases? In the first place I think we should arrange these tumors upon a clinical rather than upon a pathological anatomical basis into those which should be treated by constitutional medication and those which should be treated by castration. The first class should include the tuberculous\* and syphilitic cases the second all the others. The obscure cases should be handled with extreme caution by the use of certain aids to diagnosis to which I will take the liberty of calling attention. Unless the diagnosis of malignant disease is exceptionally clear no testicle should be extirpated without a vigorous use

\*Gross, loc. cit., p. 805.

§Kocher, loc. cit., p. 372.

¶Kocher, loc. cit., p. 394.

¶Russell. Observations on the Testicle. Edin., 1883.

\* Exceptionally a tuberculous testis should be excised.



of anti-syphilitic medication, and I am convinced that in this respect the iodide of potassium is especially valuable. It should be given in considerable doses (15 to 30 grs.) for a time and its effect watched. The differences presented in the symptoms of syphilitic cases cover so wide a range that even in the absence of any history or symptom of the disease the treatment should be instituted, except in those cases while rapid enlargement with or without pain warn us that no time is to be lost. Exploratory punctures with a large trocar is also to be strongly insisted on especially in cases where the diagnosis lies between cystic disease, non-transparent hydrocele and spermatocoele. This means of confirming the diagnosis in the one case would be good surgical treatment in the latter two. The case previously referred to in which an old hematocele was removed for cancer should impress us with the necessity of making a preliminary exploratory incision even in cases where castration has been decided on. Finally let me remark that the impossibility of making an exact diagnosis should make us extremely cautious in giving a prognosis in any case where we recommend a patient to submit to operation.

### CLINICAL LECTURE.

#### FRACTURE OF CLAVICLE WITHOUT DEFORMITY OR INABILITY TO USE THE ARM. —KELOID TUMOR OF THE EAR REMOVED THREE TIMES.

DELIVERED AT THE SURGICAL CLINIC  
OF THE WOMAN'S MEDICAL COL-  
LEGE OF BALTIMORE.

BY RANDOLPH WINSLOW, M. D.,  
PROFESSOR OF SURGERY.

#### CASE I.—*Fracture of Clavicle.*

LADIES: This woman has sustained  
a fracture of the clavicle, but one

which presents some features which are very different from those of fracture of this bone as it usually occurs. The history of the case is as follows. "Lucy H., aged thirty, colored, applied for treatment on January 11, 1883. On the night of the 10th her husband, whilst drunk, became angry, and pushed her violently against the door, and then lifting her, threw her across the bed. During one or the other of these attentions she sustained an injury, which she supposed to be a sprain of the shoulder. Much pain was experienced during the night, which had subsided somewhat the next morning, and she resumed her washing and ironing."

Present condition: "She has free motion of affected arm, being able to execute all the normal movements of the shoulder-joint, though with some pain and soreness. The arm hangs easily by the side without support. Upon inspection no flattening of the shoulder appears, the injured shoulder being as rotund as the other. There is no deformity or displacement of the clavicle, and the natural contour of the bone can be easily demonstrated. There is, however, some pain near the acromial extremity of the clavicle, which is intensified by pressure. By grasping the bone with both hands, and moving them in opposite directions, crepitus can be felt, and even heard, at the point of greatest pain."

These are the symptoms which are brought out by a careful examination of the case. Now, before commenting on the peculiar conditions which are found here, let us review briefly the ordinary symptoms of fracture of the collar bone.

Fracture of the clavicle is almost always produced by a fall or blow upon the shoulder, the solution of continuity being effected by counter-stroke from the resistance of the sternum. The break in the large majority of cases is found in the middle

third of the bone, and is oblique in direction; but it is important to remember that fracture may occur near either end, though these cases are comparatively rare.

The symptoms of fracture are generally sufficiently distinctive. The rotundity of the shoulder is lost, the part appearing flatter than usual, and drawn forward and downwards. The patient supports the injured arm with the hand of the opposite side, and pain is incurred whenever the arm is allowed to hang unsupported. Motion of the arm is limited and painful, and is frequently impossible; especially is the ability to place the hand upon the head lost. The normal contour of the clavicle is interrupted, the inner fragment being prominent under the skin, from the elevation of its extremity somewhat, by the sterno-cleido-mastoid muscle. This elevation is more apparent than real, however, as the rhomboid ligament prevents much upward tilting of the inner fragment, and the deformity is due chiefly to the depression of the outer portion. *Crepitus* is a diagnostic mark which can usually be elicited by lifting the arm, and when present is a pathognomonic sign. Pain is usually present, and is most severe when pressure is made at the seat of fracture.

Now, to recur to our patient, we shall find but few of these symptoms present, and yet she has an undoubted fracture of this bone. The injury was probably produced when she was pushed violently against the door, though possibly it occurred by falling upon the shoulder when she was thrown upon the bed. When first seen by me she was at the ironing-board and using the arm, but with pain. She could readily place the hand upon the head, and the motions of the arm were executed nearly as quickly as those of the uninjured side. This is quite contrary to the usual condition, which, as previously stated, is one of inability to use the

part at all, and requiring the support of the hand, or a sling to relieve the pain consequent upon the injury. When the parts are inspected, no appreciable deformity exists, the shoulder is as prominent as that of the opposite side, and the outline of the clavicle appears both by sight and by touch to be normal. Now, this is a decidedly uncommon condition, a marked projection of the inner fragment under the skin and a drooping of the shoulder being almost constant signs of fracture of the collar bone. None of the symptoms thus far exhibited by our patient suggest fracture, but seem to denote much more certainly, a bruise or sprain of the shoulder, which indeed the woman herself judged to be the trouble. We now approach other symptoms, which begin to lead us to a correct diagnosis. Localized pain is sometimes a valuable diagnostic point in obscure fractures, and in this case pressure upon the clavicle is well borne until the seat of fracture is reached. This localized pain is found at the outer or acromial extremity of the bone at a point one or one and one half inches from its end. The suspicion of fracture can now be verified by the signs of *crepitus* which can be detected both by the sense of touch and by that of hearing, when the bone is grasped by its middle and outer portions, and the fragments rubbed together.

There is but one point at which a fracture of the outer extremity of the clavicle can occur without displacement or loss of motion of the arm, to wit: between the conoid and the trapezoid ligaments, which pass from the coracoid process of the scapula to the under surface of the outer end of the clavicle, about one inch from the acromion process.

The diagnosis is thus arrived at of fracture of this bone between the conoid and trapezoid ligaments.

The treatment of this injury is com-



paratively simple. The fragments being in apposition, it is only necessary to apply a dressing which will keep the parts at rest, and allow repair to take place with the least effort.

This may be effected by placing the hand upon the opposite shoulder, and bandaging the arm and elbow to the side by a few circular turns around the thorax, and by other oval turns passing under the elbow and over the opposite shoulder as many as may be necessary to secure the limb firmly in position. This is known as Velpeau's dressing, and is probably as good as any other of the many special apparatus which have been invented for the treatment of fracture of this bone.

#### CASE 2.—*Keloid Tumor of the Ear.*

This patient has, as you see, a large pendulous tumor springing from the lobule of the left ear and the adjacent portion of the cheek. The growth, which is two and one half inches in length, and one inch in breadth and thickness, is hard, firm, non-fluctuating and of slow development. It has become painful and is disfiguring, hence she desires its removal. It is a benign growth, known as keloid, and consists of condensed connective tissue, similar in structure to scars. Notwithstanding the fact that keloid is of innocent nature and does not tend to destroy life, it is remarkable for its liability to recur after removal. There are two varieties of keloid, one following some injury or traumatic, the other originating without any known cause or idiopathic.

The history of this case presents some points of interest. The patient is of the African race, and this new formation is much more apt to occur in colored persons than in whites.

She first noticed a slight lump about ten years ago, which grew from the scar made by having her ear pierced, and the ear ring subsequently torn out. This growth gradually increased in size, and about seven years ago, it was removed by Dr. Reuling,

of this city. The tumor recurred and in four years attained a size about one half of that which it now presents. Just four years ago I removed the excrescence, leaving a well-formed ear, somewhat smaller than that of the opposite side. Soon it began to return in the cicatrix, and now after four years she presents herself for another operation. It is scarcely justifiable to interfere with a keloid growth, unless it is situated in a locality where its presence is annoying and embarrassing, as when it occurs upon the face; hence I will remove this neoplasm to relieve the patient of a painful and unsightly growth, being fully persuaded that a recurrence will take place within a comparatively short time.

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### CORRESPONDENCE.

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A MEDICAL ENTERTAINMENT IN PHILADELPHIA—HONORS TO DR. ATLEE  
—DOCTORS, DRUGS AND DRUGGISTS.

*To the Editors of the Md. Med. Journ:*

DEAR SIRs:—Having just paid a brief visit to the city of Philadelphia, upon a highly interesting occasion, and mingled with many of the famous doctors of that great medical centre, and with a few of the learned druggists, who furnish us with our weapons for combating disease, we have determined to weave a few rambling thoughts into the form of an easy letter, for the entertainment, if not for the instruction, of the readers of your journal. The occasion of our visit to the City of Brotherly Love was in response to the following card of invitation:

"Dr. John V. Shoemaker requests the pleasure of your company Friday evening, February 2nd, to meet Dr. John L. Atlee and Dr. Alex. J. Stone.  
1031 Walnut St., Philadelphia."  
"R. S. V. P."

This invitation came through Dr. Atlee himself, with an autograph note endorsed upon the back, to the effect that Dr. Shoemaker had furnished him with a few cards that he might invite such special friends as he desired. Such an invitation was doubly prized by your correspondent; and, of course, he availed himself of it for testifying his high sense of respect for the great man who was chiefly to be honored on the occasion.

Dr. Atlee is the present President, and Dr. Stone, of St. Paul, Minn., the Vice-President of the *American Medical Association*. And in consideration of these offices which they now fill, they came to be associated in the entertainment given by Dr. Shoemaker.

The writer presented himself at the door of the host a few minutes after eight o'clock, and was very cordially received by Dr. Shoemaker, as a representative from Maryland. Dr. Atlee, *who has been in the profession sixty-four years (!)* was already receiving, with Dr. Stone, at the head of the parlor, and was bright and as full of vitality and wit, apparently, as the majority of men at the half of his age. We were received very kindly by Dr. Atlee, who took occasion to remark on the pleasure it afforded him in seeing us present from such a distance in honor of his reception. We answered that it would be impossible for us to pay him any compliment that would be at all commensurate with the feelings of honor and respect inspired by his noble character.

The rooms soon began to be filled with the distinguished guests. The reception room, the parlor, and the dining-room were all handsomely decorated with rare potted plants in bloom; and on the parlor wall was the following lettering wrought in various-colored flowers, and artistically arranged:

"In honor of Dr. John L. Atlee, President, and Dr. Alexander J. Stone,

Vice-President, of the American Medical Association."

We estimate that there were about one hundred gentlemen present—no ladies—many of them the best known and most distinguished members of the American profession.

From Lancaster City, in addition to the chief guest of the evening, Dr. Atlee, there were Dr. Henry Carpenter, Dr. Ehler, Dr. Herr, Dr. Davis, and others, all well known and highly esteemed practitioners.

New York City was represented by Dr. A. M. Bell, the sanitarian, Dr. Robt. Taylor, Dr. James R. Taylor, Dr. Montrose Pallen, Dr. R. Ogden Doremus, etc.

Washington City was represented by Dr. Robert Reyburn, Dr. Alexander Garnett and Dr. Samuel C. Busey; while from Easton, Pa., we had the venerable and well-preserved Dr. Traill Green; from Norristown, Pa., the well-known and vigorous writer, Dr. Hiram Corson; and from Chester, Dr. Ulrich. From Baltimore, we were pleased to meet Dr. Rohé, who, so far as we could learn, was the only representative, except the writer, from Maryland.

As a matter of course the city of Philadelphia furnished the major portion of the company. Conspicuous among the latter were the celebrated Prof. S. D. Gross, Dr. Wm. H. Pancoast, Dr. Roberts Bartholow, Dr. J. H. Packard, Dr. Elwood Wilson, Dr. W. S. Ruschenberger, Drs. Hunt, Drysdale, Morton, and a host of others, all well-known workers in the profession.

The city was specially represented in the person of its Mayor, King; the legal profession was conspicuously represented by ex-Mayors Rich and Vaux, Judge Allison, Judge Pierce, Judge Sharswood, Judge Thayer, Messrs. Chas. O'Neil, Eli K. Price, A. Haller Gross; the press by Alexander K. McClure, Walter McMichael and



Wm. Harding, with John Wanamaker, the prince of the mercantile trade.

Bishop Simpson, Gen. Grant's friend, was the sole representative of the Church.

The banquet, which was complete in all its appointments, with the addenda of coffee and wine, was served from 10 to 12 o'clock. It was delightful to witness the pleasant and easy intercourse between the great men of the profession, whose works are monuments to their knowledge and industry; in these hours of relaxation from the staid dignity of their professional lives—the charming flow of wit and repartee, as they pledged each other's health in the glass of sparkling wine, of which most truly may be said "*In vino veritas.*"

At one time during the evening we observed talking to each other those four distinguished gentlemen, Drs. Gross, Atlee, Traill Green and Hiram Corson, who have been intimate friends all their lives, and whose united ages we feel sure would reach fully three hundred and twenty years!

After a most delightful evening, the remembrance of which will lighten the burden of our labors for many a day, the majority of the company dispersed about the hour of midnight, having duly pledged the cordial and genial host and the chief guest in a parting glass in recollection of one of the happiest social reunions of life.

From medical men the transition is easy, and naturally turns to medicines. The skill of the ablest and most learned prescriber amounts to naught if he relies upon inert or deleterious drugs. Many a young physician's reputation has been ruined through the prescription of worthless medicines in a series of special cases. The lives of our patients are constantly dependent upon the purity of the medicines that we employ; and it becomes a very solemn duty of the physician to exercise the greatest possible vigilance over the quality of his remedies.

For several years past, we have obtained the medicines used in our practice almost exclusively from the well-known firm of John Wyeth & Bro., noted alike for their dialysed iron, their fluid extracts, and their compressed powders. We had not visited the city for several years, and had never visited this enterprising house; and although, upon this occasion, our time was quite limited, we yet felt very desirous of availing ourselves of the opportunity of witnessing some of the improvements and novelties in pharmacy, the details of which are but little known to the medical profession. As we were so greatly surprised to find the immense amount of material manufactured in this establishment for the use of our profession, we infer that it must be a subject of interest to your readers to learn a few of the facts connected with the labors of this house in their efforts toward furnishing our profession with reliable drugs. We have seen the day, early in our professional career, when we would have warmly thanked any one upon whose judgment we could have relied for information as to the procurement of drugs that came up absolutely to the official standard; and in now drawing attention to Wyeth's preparations, it is simply in observance of the Golden Rule. It is related of Daniel Webster that, upon being consulted by a young man as to the propriety of his adopting the law as a profession, he replied that while it was very much crowded, yet "there was plenty of room up stairs." So it is with the pharmaceutical trade; while its ordinary plane appears to be overrun, and overcrowded, with busy occupants, yet there is still plenty of room up stairs for such men as Squibb, the Wyeths, and a host of others, who have added lustre by their learning and conscientious regard for a high standard, to American Pharmacy. It is proper that such labors should be recognized by those

of us who owe much of the reputation we have acquired in the treatment of disease to the remedies that they have prepared for our use.

On the occasion of our visit to the establishment in question, it so happened that the two senior members of the firm were absent; but we were very kindly received by the junior member, Mr. Dobbins, with whom we were well acquainted through correspondence only. Mr. D. very kindly offered to show us over the house; adding, good-naturedly, that they had no secrets to be kept from the profession. We were gratified in having the opportunity, and at once entered the elevator with our guide to visit the upper floors. On the third floor we found a great number of ladies occupied in bottling, labeling and wrapping their pills, or "compressed powders," as they term them. To show the soluble character of the pills of the bi-sulph. quiniæ, Mr. Dobbins poured about a half a teaspoonful of hydrant water upon the bottom of a tumbler, and placed a two-grain pill in it. It fell to pieces instantly, without having been agitated; and within a few seconds was separated into very fine particles, showing the special value of this preparation of quinia over the ordinary sulphate in cases of slow digestion, and in cases where the prompt action of the drug is necessary to life, as in congestive chills.

On the upper, or fourth floor of the large building, stands a long row of copper percolators, of the capacity of one hundred gallons, or more, under the direct supervision of Mr. Campbell, the practical chemist of the house, in which the fluid extracts of various kinds were in course of preparation; coming through the funnel-shaped bottom, drop by drop, into covered vessels below them.

Here, scattered around in the greatest profusion, were barrels-full, and

huge bales of herbs, roots, barks, &c., from all parts of the world; all of which had been carefully selected for their purity—for, as Mr. Dobbins remarked, a good extract could not be made from an inferior base. Upon picking up a handful of chamomile flowers, we were informed that one invoice of 600 lbs. of that herb had just been received! It is believed that Wyeth & Bro. are the largest buyers of crude herbs of any firm in Philadelphia, if not in America.

We were next taken to one of the lower floors where the dialysed iron, for which the house is famed, was in course of preparation. Mr. Campbell explained the intricate process; but in the brief time at our disposal it was impossible to comprehend the details. They manufacture it on a large scale, having two vats, used at the same time, or alternately, with their multitude of diaphragms, capable of producing 300 lbs. each.

We learn that the process of preparing this easily assimilable and neutral solution of iron was originally discovered by an English chemist by the name of Graham; but we understand that Dr. Piffard, of London, has stated in a very recent article, published in one of the English medical journals, that the dialysed iron made by the Wyeths, under the careful superintendence of Mr. Campbell, is now of a quality far superior to that prepared by Graham, the discoverer. This is a high compliment to American ingenuity and enterprise.

Besides the many remedial uses to which dialysed iron can be applied, it is an invaluable agent in its antidotal effects in arsenical poisoning—always being ready for instant administration.

We were also taken to the cellar, where we were shown the electrical machinery in operation which furnished the establishment with electrical light. We had never before witnessed this interesting process. The



light is produced by the friction of metals; and is conveyed through tubes to the burners.

A great number of women are employed, chiefly in the pill, labeling, and wrapping departments. Altogether, of both sexes, Mr. Dobbins informed us that they constantly kept about one hundred and twenty-five hands at work in the establishment. And to give us some idea of the amount of business done by the house, we were told that they carried an average stock of seventy-five thousand dollars.

The retail store in front is finished in oak, and in every detail is a complete picture, and a model of beauty.

There are other reliable drug houses in Philadelphia, who furnish physicians with outfits—notably those of Bullock & Crenshaw, Wm. R. Warner & Co.—both of whom the writer can recommend from personal experience in the use of their medicines; and others equally reliable, as known to us by reputation.

In the matter of medical education, Philadelphia has always claimed and maintained the pre-eminence in America, as the place of origin, and as the chief centre of medical learning to-day.

The *University of Pennsylvania*, and the *Jefferson Medical College*, with their long list of alumni, representing the leaders of the profession, and scattered all over the land, stand out boldly as the great pioneers and as the venerated Alma Maters in American medicine.

Very truly yours, .

W. STUMP FORWOOD, M. D.

*Darlington, Md., Feb. 12, 1883.*

DR. RANDOLPH WINSLOW announces that his Spring Course of Operative Surgery and Practical Anatomy will commence about March 1st and will continue until May 1st.

## SOCIETY REPORTS.

### CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD FEB. 16, 1883.

DR. SAMUEL THEOBALD, President, in the Chair.

(*Specially reported for Maryland Med. Journ.*)

ELECTION OF MEMBERS.—Drs. P. C. Williams, S. L. Frank and S. J. Fort were elected members of the Society. The order of business was suspended in order to allow the exhibition of patients.

PATIENT SHOWING SUCCESSFUL OPERATION FOR RADICAL CURE OF HERNIA.—*Dr. R. W. Johnson* exhibited a colored woman, æt. 43, the mother of twelve children, who first noticed a small tumor in right groin thirteen years ago, one month after the birth of a child. Occasionally it gave pain but no attempt at reduction was made until after the birth of the next child, when having increased to size of hen's egg, it was reduced by a physician and a truss applied, two years after its first appearance. This retained the bowel for some years until it got out of order, when the hernia returned larger than ever, and although returned (with difficulty) it was impossible to keep it within the abdomen, although several physicians and a skilful instrument maker saw her.

Being now called, Dr. J. found an entero-epiplocele, the size of a goose-egg, emerging from the single orifice formed by the external and internal abdominal rings and passing to the labium majus. The inguinal canal had disappeared, the abdominal walls were much relaxed and the finger passed through the opening directly into the abdominal cavity.

At the bottom of the tumor was an apparent cyst and near it an almond-shaped body supposed to be the ovary. The bowel was readily reduced, but remained so only in the recumbent posture. After trial of numerous trusses, which, whilst they gave her much pain, failed to retain the bowel; after some months of treatment, operation for radical cure was proposed and accepted.

Under ether, after reduction, the parts were incised on a grooved director until the thickened sac was reached, when this was ligated near the external ring with cat-gut ligature, passed around with an artery needle. The piece of the sack below the ligature was then cut off, and bleeding checked by torsion, and the edges of wound closed on a drainage tube. Antiseptic spray was used in the room before the operation and the wound was dressed with antiseptic gauze. Sutures were removed on the fourth day, and drainage tube a few days later. The patient was kept on her back for a month, and has since, as a matter of extra precaution, been wearing a truss. Three months have now elapsed since the operation, which so far has proven entirely satisfactory. No ovary was found in the removed sack; the almond-shaped body was presumably thickened omentum or inflammatory deposit of some standing.

**CEREBRO-SPINAL SCLEROSIS.**—*Dr. A. B. Arnold* exhibited a white girl, æt. 19, who had been sent to him as a case of paralysis agitans, a mistake in diagnosis frequently committed. According to the history elicited, she had been left an orphan at an early age, and had been subjected to great hardships in consequence. At the age of 12, she suffered from weakness and was much debilitated. Two years later she was unable to do any kind of handiwork. Her present condition is one of almost complete helplessness. She exhibits a characteristic tremor, commencing in the upper extremities, spreading thence to the lower extremities and finally to the head. She has a peculiar scanning sort of speech, dividing her words into syllables. She has nystagmus, lateral rolling of the eyeballs, not so marked when she is quiet but developing whenever she becomes agitated. There is no tremulousness of the hands when quiet, but when she attempts to hold a glass of water to her mouth the hand begins to tremble. On attempting to walk, the same trembling is manifested in the lower extremities. The knee reflex is very much exaggerated. There is considerable amblyopia with occasional double vision, showing that the sclerosis has involved

the brain centres, probably the corpora quadrigemina. There is no girdle feeling, nor are the sphincters involved. Ophthalmoscopic examination shows some slight optic neuritis which is bilateral. The cerebrum must be supposed to be involved in the sclerosis, since the brain symptoms are considerable, including considerable loss of memory, and at times emotional excitement. The patient has been only a short time under treatment. The constant current has been used with some apparent benefit. Although cases of this sort may exhibit periods of improvement, which accounts for the reputed cures, the prognosis is without hope. Recovery is not to be expected. Charcot has collected a number of cases, none of which were cured.

**EXFOLIATION OF LARGE PART OF LOWER JAW.**—*Dr. Coskery* reported the case of a young girl, eleven years old, who three years ago had a bad molar tooth which gave her pain. This was succeeded by an abscess which opened externally. The tooth was then drawn, after which another collection of pus took place in the same situation, which was opened by the attending physician. The wound has continued to discharge ever since. Bone appeared externally some months ago, which, upon complete separation, was removed and found to consist of the specimen exhibited, *e. g.*, the condyle, coronoid process, ramus and portion of the body of the lower jaw.

*Dr. Tiffany* had seen a case somewhat similar in the practice of the late Prof. N. R. Smith, in which the same portion of the inferior maxillary bone of a child had become necrosed and exfoliated, in consequence, as was supposed, of the use of calomel.

**COMPOUND FRACTURE OF KNEE—UNSUCCESSFUL ATTEMPT TO SAVE THE LIMB.**—*Dr. Coskery* exhibited the specimens of this case, the history of which was as follows: A colored boy, 15 years old, whilst coasting struck his knee against the tire of a wheel, producing an extensive upward tear of the skin, with compound fracture of the patella and of the lower end of the femur. On account of the age and color of the boy, it was decided to attempt to save the limb, and



a large drainage tube was placed in the wound. But extensive suppuration of the cellular tissue, above and below the joint, took place, accompanied by symptoms of blood poisoning, for which amputation of the thigh was performed. One of the fragments of the patella was found to be carious.

*Dr. Tiffany* agreed with the reporter that the negro is less subject to inflammatory troubles after injuries and operations than whites.

*Dr. Coskery* added that he also responds better to chloroform than to ether.

*Dr. Latimer* adduced what he considered a better reason than that named for the attempt to save the limb in the above case, viz: the freedom with which the joint was laid open. The readiness with which joint injuries recover is in direct proportion to the freedom with which the joints are laid open.

**TUBERCULOSIS IN A MONKEY.**—*Dr. Chambers* showed specimens of the spleen, liver, large omentum, bronchial glands, pleura, and peritoneum of a monkey, containing tubercles. There were one or two tubercles also in the pericardium. The rest of the body seemed to be free of them. The animal was notwithstanding tolerably fat.

**EARACHE IN MEASLES.**—*The President* reported the case of a child suffering thus, in whom laudanum and sweet oil having been instilled without effect, he had been called in after some hours of suffering. On examination the drum membrane was found deeply injected. A four-grain solution of atropia was ordered to be instilled into the ears, four times a day in one, twice a day in the other. In a half hour after the first instillation the pain was entirely relieved, and there was none subsequently sufficient to make him cry. The following day the congestion was much diminished and in three days the redness had entirely disappeared. But for the treatment pursued in this case, *Dr. Theobald* believed that the case would have eventuated in suppurative otitis with its resulting long-continued discharge. The treatment is applicable to scarlatinal otitis as well as that due to measles. If treated early, it was believed that these

cases could be always aborted. They rarely come under the care of the specialist in this stage. *Dr. Theobald* had kept up the instillations, three or four times a day for six or eight days, without the development of constitutional effects. Should rupture of the drum occur greater caution is required, but it is not necessary to discontinue the treatment entirely even then.

**HISTORY AND SPECIMEN OF LARGE ROUND CELL AXILLARY SARCOMA.**—*Dr. Michael* exhibited a large globular axillary tumor, about the size of the head of a child at one year, obtained from a patient who was also present. This patient was a young man employed as a laborer on a railroad, æt. 33, in excellent health otherwise, who first noticed a small movable tumor in the right axilla four years ago. The growth was so movable that it could be easily pulled across the breast with the fingers. About one year ago it began to grow, but never gave pain, only interfering with the movements of the arm. Removal by excision was effected three weeks ago under chloroform. A portion of the skin adherent to the tumor was removed along with the latter. A tentative diagnosis of fibroid tumor had been made, but upon microscopical examination it was found to be a round-cell sarcoma. There was no secondary glandular involvement. The case has progressed favorably, the site of the operation now presenting a clean, granulating, healthy wound.

**ON A HITHERTO UNDESCRIBED MALFORMATION OF THE NASO-PHARYNX.**—*Dr. Mackenzie* read a paper with this title. He spoke of the rarity of such malformations, as evidenced by the infrequency with which they are mentioned in works on teratology and in periodical medical literature, but suggested the possibility that they were more common than is supposed, since they may easily escape observation during life, and the naso-pharynx is not often subjected to post-mortem examination. Occlusion of the posterior nares is one of the most common of the congenital naso-pharyngeal anomalies, and may affect one or both nostrils, may be bony or membranous, may affect the posterior orifices

alone or may obliterate the nasal fossæ completely. Double congenital occlusion seems to be incompatible with independent life of the fœtus. Fusion of the two fossæ into one has been observed with absence of the vomer. But one case is recorded in which there was deflection of the vomer from a median and perpendicular position. Two cases are recorded of vertical division of the vomer into two halves, and one in which this bone was strengthened laterally by osseous processes from the palate bones. Finally the capacity of the naso-pharynx may vary or be encroached upon by cervical vertebrae, etc.

The following case cannot be referred to any of the above anomalies: A robust girl, æt. 14, was brought from the country to consult Dr. M., in Feb., 1882, on account of offensive nasal discharge of some years duration. The history showed a naso-pharyngeal catarrh, with progressive nasal obstruction, buccal respiration and consequent pharyngolaryngeal hyperæmia, catarrhal otitis media, irritative cough and bronchial asthma. The naso-pharynx was found to be filled with a mass of vegetations which prevented respiration through the nose. On digital examination, the finger encountered behind and above the soft palate a thin, sharp ridge, extending from before backwards, which on further examination proved to be the inferior border of a bony partition which separated the naso-pharynx into two lateral halves. This partition seemed to be a thin lamella of bone continuous in front with the posterior edge of the vomer, and posteriorly inserted into the posterior pharyngeal wall. Superiorly it became fused with the vault of the pharynx. The lamella as well as the septum narium was slightly deflected to the left. The lower edge was sharp and curved upwards and backwards like the posterior margin of the nasal septum in the skeleton. Its posterior extremity was higher than its anterior, which was a line or two above the floor of the posterior nares. None of the vegetations above referred to sprang from the dividing septum. Attempts to dislocate the septum failed. The growths were removed in several sittings with forceps and snare,

and curette, the subsequent treatment consisting of a detergent spray and spray of diluted alcohol. Removal of the growths was followed by immediate improvement and rapid disappearance of the complications. Rhinoscopic examination several days after operation confirmed the previous diagnosis and showed that the partition was covered with apparently normal though congested membrane, continuous with that of the nasal fossæ and pharynx. The mucous membrane overlying the turbinated bones was also congested, but apart from the bony partition nothing abnormal was detected in either naso-pharyngeal compartment.

As the result of examination of a number of skulls suggested by the above case, Dr. M. called special attention to the varying degrees of obliquity which the plane of the posterior nares bears to the horizontal—in some instances the posterior nares look almost directly downwards. This inclination of the posterior nares involves a corresponding obliquity in the posterior edge of the vomer, and coincides with an abnormal inclination of the pterygoid processes and body of the sphenoid bone. Dr. M. thought that three factors might be concerned in the production of the above anomaly: (1) a more or less pronounced obliquity downwards and backwards of the body of the sphenoid bone and basilar process of the occipital; (2) abnormal curvature backwards of the vomer associated with a marked obliquity of the posterior orifices of the nasal fossæ, and possibly (3) an unusual height of the bony palate. In his case, Dr. M. drew attention to the deflection of the septum as a whole and the possible influence of the deformity on pathological processes and the manipulation of instruments in the naso-pharyngeal cavity.

#### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD FEB. 20, 1883.

(*Specially reported for the Maryland Med. Journ.*)

The Academy was called to order at 9 P. M. In the absence of both President and Vice-President, Dr. McKew was called to the Chair.



## SPECIMEN OF INTRA-MURAL FIBROID.

—*Dr. H. P. C. Wilson* exhibited a specimen of a fibroid tumor removed from the cavity of the uterus. The tumor, of which the largest portion was shown, filled the uterus and by its size blocked up the entire pelvis, so that the finger could with difficulty enter the vagina by its side. The history of the case was as follows: Mrs. B., æt 34, married 6 years; never pregnant; menstruated first at 12 years; first perceived a tumor in her right groin twelve years ago. After this she had pain referred to the uterus, which at times was represented to have been severe. She first consulted Dr. Wilson two years ago. A diagnosis was then made of intra-mural fibroid tumor of uterus. The patient was advised to return home, and when the size of the tumor or the gravity of her symptoms should increase so as to cause great uneasiness or suffering, to present herself again. She accordingly returned January 24th, 1883. She was then so offensive as to fill the office with a disgusting odor. On examination a black sloughing fibroid tumor was found occupying the entire uterus, giving rise to a bloody, sanious and purulent discharge. Since her previous visit, two years before, she had suffered every month from extreme metrorrhagia. She now had hectic fever, with a pulse of 140, temperature of 103°, respiration of 32, was feeble, perfectly anæmic, and nervous to an extreme degree. Removal was advised, and the operation was performed January 26th, 1883, at St. Vincent's Hospital. Having been given some whiskey and then put under the influence of chloroform, unsuccessful attempts were made to throw the chain of the ecraseur around the tumor. Dr. Wilson then cut into the tumor with ordinary curved scissors and with saw-scissors, and pulling it down with a tenaculum, cut the mass away piece-meal. The specimen exhibited showed perhaps two-thirds of the tumor, a great deal being thrown away and washed away. The operation was tedious, requiring two hours. The tumor being thoroughly removed, the cavity of the uterus was washed with warm water and then mopped out with carbolic acid and Monsel's

solution. The operation was accompanied by very little hemorrhage. Dr. Wilson thought at first the patient would die of septicæmia, but she is so far doing well.

The first operation of this character which Dr. Wilson had performed was done ten years ago, the case being reported in the *Richmond and Louisville Medical Journal*. The symptoms in that case closely simulated those of labor. The tumor tightly filled the pelvis and presented at the vulva, requiring to be cut away piecemeal. The patient recovered.

SPECIMEN OF DERMOID OVARIAN CYST REMOVED FROM A PREGNANT WOMAN.—*Dr. Wilson* also exhibited a specimen of a dermoid cyst of the ovary removed to-day. The history of the case was as follows: Mrs. L., of Maryland, æt. 29, married seven years; menstruated first at 13; has had three children, the youngest now 3 years old. Eight months after the birth of her last child she first noticed a commencing enlargement in the right side of her abdomen. Her menstruation ceased Sept. 5th, 1882, having been perfectly regular previously. She has had slight nausea since. Her appearance was ruddy and healthy, and entirely different from any ovarian case he had seen. The uterus containing a supposed fetus was found lying more to the left side. The fetal heart-beat was not heard nor the placental souffle. There was doubtful fetal movement on the left side. The clearness of resonance on percussion in the right lumbar region was doubtful, whilst in the left lumbar the resonance was obscure. The diagnosis made was pregnancy at between four and five months, with ovarian tumor growing from the right ovary. Removal was advised and effected to-day under chloroform. An incision  $3\frac{1}{2}$  to 4 inches was made in the median line. Dr. Wilson here insisted upon having the incision of sufficient length. Two inches might have been gotten along with in this case but the larger incision allows the operator to see better what he is doing, facilitates manipulations and ligation of vessels, and heals as well as the shorter one. On opening the abdomen the fundus uteri presented itself as

a hard, red body. The ovarian cyst appeared to have formed no adhesions and came out readily. It was then found, however, that it had strong and inseparable attachment to the fundus uteri as well as to the ovary. It was therefore found necessary to transfix the attachments with a needle armed with a double ligature and to cut through them. The pedicle was then treated in the same way, the stump being touched with Monsel's solution. No effusion took place into the peritoneal cavity. The abdominal incision was closed by several silver wire sutures. There was no shock. Shortly after the operation the patient complained of severe pain in the lower abdomen and of vesical tenesmus, but the bladder was found to be empty. For the relief of this symptom a large dose of Magendie's solution was given hypodermatically. The great danger to be apprehended in the case is miscarriage.

The diagnosis of this case had been simple ovarian cyst; the fact of its being dermoid was not known until after its removal. The cyst, which was the first of the sort Dr. Wilson had removed, contained cheesy-looking matter, hair, etc.

**CLINICAL DIAGNOSIS OF CHRONIC ENLARGEMENT OF THE TESTICLE**—*Dr. Michael* read a paper with this title, as a thesis in application for membership, the same having been approved by the Executive Committee. This paper is published elsewhere in this number.

**VACCINATION.**—The regular paper of the evening was then read by *Dr. I. E. Atkinson*, who chose vaccination for his subject.

He began by stating his belief in the view that vaccinia, as produced by vaccination, is modified variola, contrary to the deductions of Chauveau and the Academy of Sciences of Lyons. The results upon which these deductions were based, viz., the unsuccessful inoculation of various animals with small-pox virus, and the communication of small-pox to children inoculated with the scrapings of the sites of the inoculations in the animals, he thought were explicable upon the view that the virus was simply deposited unchanged beneath

the skin and in this unchanged condition was transferred to the arms of the children, whereby they got small-pox instead of vaccinia. And against the French negative experiments may be placed the positive ones of Badcock and Ceely, who successfully inoculated animals with variolous virus, obtaining thus a stock of vaccine lymph which was successfully used in vaccinating a great number of persons. Dr. Atkinson also referred to the experiment of the late Dr. S. T. Knight, of Baltimore, who (*Balto. Med. Journal*, 1870) inoculated a heifer with small-pox virus, thereby obtaining lymph with which he was always successful in vaccinating.

When we vaccinate a person, therefore, we communicate to him small-pox, but small-pox modified from its passage through the absorbents of the skin. We cannot explain this any more than we can explain why inoculation as formerly practised gave rise to modified small-pox by the entry of the virus through the same medium, while the same virus inhaled might produce the most violent forms of hemorrhagic or confluent variola.

Dr. Atkinson thought that vaccination is less protective now than in Jenner's time, and cited extensive statistics to prove this point. Why this is so we do not know.

Further, susceptibility to vaccination in those who have had small-pox is no evidence of the degree of susceptibility to small-pox in such persons.

Protection is in proportion to the number of scars the individual bears, i. e., to the number of points through which the virus has gained admission to the system. This is a practical point, the truth of which has been proven by the statistics of the London Small Pox Hospital, as published by Marson, to which too little attention has been paid of late years.

As to the protection, if any afforded the fetus-in utero by vaccination of the mother, several experiments are recorded. Rickets inoculated pregnant sheep with sheep-pox virus, and it was found that the lambs when born were insusceptible to the disease. Other experiments in the human being are recorded. Dr. Atkinson saw a woman, under the care



of Dr. John G. Womble, who immediately preceding her confinement was living in a room with a case of confluent small-pox. She was successfully vaccinated, and six days and nineteen hours after gave birth to an apparently healthy child. Three days after her labor her child was attacked with the disease, but of the discrete variety, and recovered without secondary fever or subsequent pitting. He thought the results of this case indicated a protection.

With regard to communication of disease by humanized virus, it may be said that the danger of transmitting syphilis is very, very, small; of scrofula nil, whilst with regard to tuberculosis it cannot at this time be estimated.

In looking up the statistics a marvelous success is found to be reported by some authorities from the use of bovine virus. For instance, Warlomont, of Brussels, states that of 10,000 children thus vaccinated not one contracted small-pox during the epidemic of 1869-70.

The degree of success from bovine vaccination varies; Martin obtained 73 p. c. of successes, whilst of 14,849 primary vaccinations in Amsterdam, it is reported that not one failed. This disparity of results shows either the use of different methods of vaccinating or else of preserving the virus.

The difficulty of correctly diagnosing a successful vaccination can only apply to secondary cases. Dr. Atkinson believed that the red raspberry-like tubercle, often met with in secondary vaccinations, is a specific result of the virus, because it is not met with as the result of ordinary irritants. Hardaway states that it occurs after the use of humanized virus, a statement which the speaker could not confirm from personal observation. The pustules and scabs, etc., are also probably of a specific nature, but whether as the result of the virus or of other elements in the matter employed was not certain. Only this is certain that they are not indicative of successful vaccination and are purely local affections.

A great many cases of small-pox have been reported in which the vaccine physicians of Baltimore state that successful vaccination has been previously performed, but such cases have

not been observed by the speaker.

Dr. Atkinson stated that 175,000 vaccinations have been reported by the regular vaccine physicians, 20,000 by the physicians appointed by the School Board to vaccinate the children in the public schools, and 5,000 to 10,000 by physicians employed to do special work.

Dr. Atkinson had seen infants apparently insusceptible to bovine virus of all kinds who have "taken" readily upon the use of humanized virus. Two such cases have just been under his observation.

Do such facts indicate that we have gone wrong? Dr. Atkinson believed that our method of preserving the virus was faulty. If the virus contain the contagion of syphilis, this disease may develop even though it be free from blood and pus.

However, as far as times of epidemics are concerned, human virus cannot be depended on because it cannot be supplied in sufficient quantities to meet such a demand as then arises. If we depended upon it we would have vaccine famines.

His impression was that small-pox had become more prevalent during the last decade, i. e., since bovine virus had come into general use. And there would seem to be something interfering with the absorption of this sort; hence humanized virus should be used in those who have been exposed to the contagion of small-pox.

Are our sources of animal virus good? The results of observations of Pissin, in Germany, show that animal lymph taken on the eighth day generally gave negative results; whereas, taken at the right time it almost invariably gave successful results; also that animal virus taken in tubes fails more often than the humanized virus.

The inferior quality of bovine lymph may be explained in times of great demand by the desire to get as much from the vesicles as possible. Hence as the lymph becomes exhausted blood and pus are taken up on the quills, etc., and pus at least is irritating.

Dr. Atkinson's conclusions were that humanized virus should be used preferably, a few removes from the cow being best; that the arm to arm vaccination as

practised in England is to be advised and the lymph taken on the seventh day.

*Dr. H. P. C. Wilson* had always been unwilling to use bovine virus. Had never seen strawberry crust until the bovine virus came into use. Had no fear of communicating disease by human virus. Had used virus obtained from a child with whooping cough with perfect impunity.

*Dr. Browne* used bovine virus in a family with the result of seven failures, and but one success, four or five of them being primary cases. He then revaccinated the seven with the crust from the arm of the successful case and all took.

*Dr. Chisolm* pointed out the prevalence of small-pox among German immigrants. There would seem to be a larger proportionate number among them than among others.

*Dr. McKew* said that all the cases he had seen during the present prevalence of the disease had been among Germans or their immediate descendants. In the records at the Southern District Station House but one case was reported in an Irishman, and this proved fatal.

The difference in results abroad and at home, referred to by *Dr. Atkinson*, might be explained by the fact that in Europe the vaccine virus is under the control of the government; whereas it is with us an article of commerce, in the sale of which any one may engage.

*Dr. W. C. Van Bibber* has used four kinds of matter in vaccinating, viz: a) that (Jennerian) gotten from his father-in-law, *Dr. Peter Chatard*; b) that obtained by *Dr. Leonard*, formerly City Physician, by inoculating the cow with small-pox virus; c) that obtained from *Dr. Knight*, and of a similar origin with the last-mentioned; d) animal matter, of Beaugency origin, since 1872. As near as he could estimate, he had vaccinated over 10,000 persons, and he had preserved records of the results from each of the four varieties named. He never knew of small-pox occurring in a single one of the cases when the vaccination was successful, except on one occasion, the exception being a physician who took varioloid.

*Dr. Atkinson* closed the debate by re-

marking that we can always tell by inspecting the scar whether the pustule had matured and the crust fallen off in a typical manner, or whether, having been destroyed, the resulting ulcer healed by granulation. In the latter event, a firm, smooth, white scar would result. As to protection afforded by a pustule, that had followed the latter course, he believed that it depended upon the date of the destruction of the vesicle; if before maturation he thought protection was not conferred; if after maturation he thought the vaccination effective.

ELECTION AND RESIGNATION OF MEMBER.—*Dr. J. Edwin Michael* was elected a member of the Society and *Dr. John Morris* offered his resignation, which was accepted.

## EDITORIAL.

HOSPITAL RELIEF ASSOCIATION OF MARYLAND.—The second annual report of this Association, organized in May, 1881, for the purpose of contributing to the comfort of patients in the various hospitals of our city and State, has been recently issued. It shows that the good work undertaken by the founders of the charity has not been allowed to slacken during the period embraced by it. During the year ending October, 1882, 934 books, 13 book cases and sets of shelves, 323 garments, 3,065 bouquets, 27 pictures and 24 decorations, besides a large quantity of delicacies, including ice provided daily during the summer months, fruit, etc., have been distributed, and 323 visits have been paid. Occasionally, also, the wards of the hospitals have been enlivened by music by members of the Association having that department in charge.

The success of the movement for organizing a Hospital Saturday and Sunday Fund and a fund for a Home for Incurables has already been referred to. The total receipts for the work proper of the Association, which numbers something over two hundred managers and members, have been



\$1262.80; expenses \$982.79. The hospitals, in which relief was afforded, were the University, City, Presbyterian Eye and Ear, Nursery and Child's, Hebrew, St. Joseph's, Maternité, Maryland Woman's, Bayview, Church Home Infirmary, Union Protestant Infirmary, Home of Aged Methodists, Aged Men's Home, Aged Women's Home, Little Sisters of the Poor, and Home of the Friendless. The articles distributed have been of the choicest kind.

**DENTAL DIPLOMAS.**—"The Faculty of Wisconsin Dental College has recently conferred the honorary degree of D. D. S. upon Rev. J. N. Spangler, of Baltimore."—*Balto. Sun*, Feb. 16. Summer before the last this city was flooded with the circulars of a "college" bearing this name, offering to sell its degree to any one who would forward \$12. We presume the Rev. gentleman has been investigating.

**THE BALTIMORE HEALTH DEPARTMENT.**—The spectacle of a health department openly charged with ignorance and incapacity (as ours has been of late) is, to say the least, not an edifying one to professional eyes. We cannot but feel that whatever is degrading to a representative of our profession is degrading to medicine itself. It was with feelings of this nature, no less than from a desire to subserve the public good, that we sought a year ago to influence the mayor of Baltimore against sacrificing the health interests of the city to political considerations. A vain attempt! And not even does the experience of the year enlighten our chief executive as to his high duty in the premises. Indeed, he seems to ignore public and professional sentiment with that defiant spirit which often characterizes men of desperate fortunes, who have nothing further to hope from those whose wishes they ignore.

The demands of modern sanitary

science are peculiar, and not to be met by ordinary professional qualifications. The health officer of to-day should be an expert in his department; and not only so, but he should have personal and intellectual qualities of a very high order, because he will need in the discharge of his important duties all the aid which superior intelligence, combined with moral force, can give him. We do not consider that it is necessary for us to discuss the question as to whether the present head of our Health Department possesses the requisite qualifications for the office which he holds, the custody of the life and health of this community of nearly 400,000 souls. He has settled the point to his satisfaction,\* and we presume intelligent citizens have settled it to their satisfaction. But we venture to remind him that boasting is not the way to establish a reputation with the better class of people, however it may impress the ignorant and vulgar.

## MISCELLANY.

**MALARIAL FEVER IN CHILD-BED.**—Dr. Theophilus Parvin, in the *American Practitioner*, Feb., 1883, discusses the claim that Manson, Fordyce Baker and others have made of priority in describing the above disease. He shows that Burns, in 1828, had written of "remittent fever" among the diseases of lying-in women, that Butler, in 1775, had given an account of the puerperal remittent fever, and that other facts tend to prove that the profession had not waited until the latter half of the nineteenth century to learn that puerperal women suffer from malarial disease.

\*"I am morally, physically, intellectually and socially the equal of any man in this country. I have studied sanitary matters for thirty years, and consider I am competent to discuss them with any man in this country."—*Baltimore American*, Feb. 21. This sounds decidedly Ben-sonian.

After a careful investigation of the literature of the subject, Dr. Parvin says: "Certainly in the light of the facts now brought forward it must be admitted that malarial puerperal fever was known long before any American contributions were made to the subject; its distinct recognition belongs to the eighteenth, probably to a still earlier date, rather than to the nineteenth century. Let medicine advance, but let it not ignore the labors of those long since dead; all wisdom and knowledge are not of the present."

Having discussed the historical aspect of the subject, Dr. Parvin ends with a few words as to the recognition and treatment of the disease.

He says: "That the puerpera living in a malarial region is quite liable to suffer from malarial fever, the quotidian and tertian types being oftenest observed, cannot be denied. Sometimes, too, there occurs in her that which Verneuil has called the superposition of fevers, malaria being complicated with septicæmia; fortunately when this confusing condition obtains, the latter is generally slightest, though it may continue for several days, greatly protracting puerperal convalescence."

In making a diagnosis, the information afforded by the thermometer is of the greatest importance. In the majority of cases there is no great difficulty in deciding whether the patient is suffering from malaria or from septicæmia. In the doubtful cases where a complication occurs quinia is as important in the one condition as an antiperiodic, as in the other as an antipyretic. When quinine cannot be taken by the mouth then he advises it to be given by the rectum, as follows: Ten grains of quinia with one grain of tartaric acid may be dissolved in half a teacup of warm water, ten drops of laudanum added, the dose to be repeated every three hours until the patient is well cinchonized, when the interval should be lengthened, but she

must be kept under the influence of the drug for at least forty-eight hours.

If the quinia be given by the mouth the dose should be six to eight grs. and the intervals as before. T. A. A.

COMPOUND DISLOCATION OF THE HIP.—John S., aet. 12, while playing on a railroad track, was caught under the wheels of a moving freight car and rolled over and over, the wheels not passing over his body, except that a toe on one foot was crushed. He was moved immediately to the hospital and the visiting surgeon sent for. His injuries were found to consist of simple fractures of the right humerus and left femur, a crush of the great toe of right foot and a compound dislocation of the head of right femur. The compound opening was situated on the inner side of thigh, about  $2\frac{1}{2}$  inches below angle of pubes, and was a longitudinal slit about 2 inches in length. The leg was abducted, making an angle of nearly  $45^{\circ}$  with the body and the foot was everted. The head of the bone, together with the great trochanter, projected completely through the opening for about 4 inches and lay across the scrotum. Its point of exit was just anterior to the adductor longus muscle. The ligamentum teres was torn out from the head of the femur, leaving a depression in the cartilage. The muscular attachments were torn away from the great trochanter and upper part of the shaft, leaving the projecting portion entirely denuded. There was no fracture of either the femur or pelvis detected, and the great vessels were not injured. The hemorrhage was slight, and the soft parts about the thigh and hip not extensively lacerated. No attempt at reduction was made during life, which terminated 5 hours after the accident, from shock. After death a prolonged attempt was made by manipulation, without success, the muscular attachments falling over the acetabulum and so prevent-



ing the replacement.—*Dr. Rufus Woodward, Boston Med. and Surg. Journ.*, Feb. 8th, 1883. L. M. T.

NEW METHOD OF MEASURING THE DIAMETERS OF THE PELVIS.—*Dr. I. E. Taylor, of N. Y.*, recommends the following method of measuring the diameters of the pelvis (*Amer. Jl. of Obstet.*, p. 190, Feb. 1883): Introduce the hand, and for measuring the transverse diameter turn the thumb towards the right or towards the left, and then estimate the difference between the diameter of the pelvis and the width of the hand, which can be done with the thumb. To measure the antero-posterior diameter turn the hand with the thumb towards the pubis, and make the estimate in a similar manner. *Dr. T.* believes that when the hand can be introduced, the operator will get a more correct view with regard to the antero-posterior, as well as the transverse diameter, than by any other method which can be employed. If, after introducing the hand into the pelvis, it cannot be rotated freely, it is safe to assume that the pelvis is generally contracted. He believes that the so-called justo-minor pelvis, or what he denominates the naturally faulty pelvis, occurs much more frequently than has been supposed.

T. A. A.

PRELIMINARY NOTE ON THE FURTHER INVESTIGATION OF THE ACTION OF DIGITALINE ON THE CIRCULATORY ORGANS, BY H. H. DONALDSON AND L. T. STEVENS.—The continuation of the experiments begun last year has yielded the following results: The work done by the heart of the common frog is decreased by digitaline, whatever the dose, as was previously shown to be the case for the heart of the "slider" terrapin. In both frog and terrapin the decrease occurs whether the aortic valves are intact or not. Variations in arterial or venous pressure do not affect the result. By a method per-

mitting direct measurement of the fluid circulating through the viscera and lower extremities in a unit of time and under constant pressure, it has been determined for the frog that the arterioles are constricted by digitaline. On this point the terrapin has not yet been investigated. Digitaline has also been shown to increase mean blood pressure in both frog and terrapin. We have then for the frog under digitaline a decrease in the work done by the heart; a rise of mean blood pressure, and a constriction of arterioles. The first and second of these points have been already demonstrated for the terrapin as well.—*Johns Hopkins University Circular*, Feb. 1883.

THE EDITOR OF THE BRITISH MEDICAL JOURNAL.—The editor of the *British Medical Journal* is, in the British Medical Association, strictly confined to the conduct of the *Journal*. He is allowed a large discretion in that capacity in respect to what he publishes and what he does not publish, and generally the entire selection of writers rests with him. He is also chairman of the Parliamentary Bills Committee, a post in which he has exercised a great influence on public as well as professional opinion, in virtue of the activity with which he has fulfilled these functions and the power he has shown in promoting useful legislation and in advancing the interests of the army, the navy, the poor law, and the sanitary services. Otherwise this committee has no relation whatever to the administration of the association, being purely destined to influence opinion out of the association. He has no share whatever in, and has never been a member either of the Committee of Council, which is the chief administrative committee, or of the Journal and Finance Committee, which is the immediate executive committee in respect to the publications and finances of the associ-

ation, nor of the arrangement committee of the annual meetings, which determines the order of business and selects the officers for such meetings. He is thus officially outside the administration of the association, and powerless to affect it, except by such influence as his ability, his energy, or the personal weight which his opinions carry may have with those who are officially charged with these duties, with whom he has no official relation, and who are in no way bound to listen to any thing he may say on the subject. I am told the present editor is quite satisfied with the influence he exercises in his own sphere, and he does not interfere with or attempt to influence in any way any of these decisions. If, therefore, it be true that the association is in any sense an example of the "one-man power," it can only be in virtue of the intellectual influence which the editor exercises, and in no way in virtue of any official powers he possesses or any official position on the government committee.—*Louisville Med. News.*

**NATIONAL BOARD OF HEALTH.**—At a meeting of the Michigan State Board of Health, at Pontiac, Michigan, Feb. 1, 1883, the following resolutions relative to the National Board of Health were adopted:

WHEREAS, The work of the National Board of Health has been seriously crippled by reducing its appropriation and by transferring to another branch of the government service important parts of its legitimate work and means

*Resolved*, That in our opinion, no other government service is so well qualified to perform the health service of the United States as is the National Board of Health, which has shown by its works its ability to do what was assigned to it, and to gain and retain the confidence of sanitarians throughout this country.

*Resolved*, That we consider it of the highest national importance, as

also of great importance to this State, that the National Board of Health shall receive annually an appropriation sufficient to enable it to carry on the important work of protecting the country from the introduction of contagious diseases; of collecting and distributing for the guidance of State and local boards of health, information relative to the prevalence of diseases, and particularly of contagious diseases, of investigating by specially qualified experts the obscure causes of diseases, and of publishing to the world the results of its studies and investigations, more especially concerning diseases, which, like diphtheria and small-pox, spread generally throughout the country.

*Resolved*, That a copy of this preamble and resolutions be forwarded to each member of Congress from this State.

THE following letter was recently received at the Library of the Medical and Chirurgical Faculty of Maryland, accompanying some writings of the author, who is a foreigner of world wide celebrity; the display of modesty quite atones for the bad English:

*"To the Celebrious Medical and Chirurgical  
Faculty of Maryland, Baltimore, Md.:"*

"The copy of your indeed valuable Transactions i have truly got some few days ago and i send you my humble, sincere thanks. It is in the highest degree instructive for me to study and meditate upon your very learned, conscientious and exact works. Once more, my respectful and best thanks for your benevolent kindness!

"With this mail i send you some copies of the mine, although i dare not to hope, that you will fix any attention on them, and it agrees even the best with my most ardent wishes, that my obscure name may not be brought up from the deep flood of the forgetfulness. As much more i beg you to bestow careful attention to the excellent report of our medical government, which i have the honor to present you.

"I recommend my insignificant person to your further perseverant favor and sign, with highest esteem,

Your most humble, obedient servant,

"DR. — —."



A NEW REMEDY FOR THE VOMITING OF PREGNANCY.—The profession will hail with delight any remedy which promises relief to the severe and protracted nausea and vomiting, which so often afflict the pregnant woman; especially will this be the case when the remedy proposed is so simple, beneficial and easy to command, as the one to which attention has recently been called in the columns of the *Medical and Surgical Reporter*, Feb. 17, 1883, page 172. Dr. T. C. Wallace, of Cambridge, N. Y., claims that the quickly-roasted grain of a species of Indian corn, familiarly known as popcorn has, during the past four years, given him uniform satisfaction in the treatment of constant nausea and uncontrollable vomiting of pregnancy. This simple remedy, he says, has "acted like a charm" in this disorder. The corn should be popped in a wire popper, not (as is sometimes done) in a spider with grease; should be white and light, sprinkled with a little salt, and freely eaten. The corn thus eaten is well borne, easily digested and speedily relieves the nausea and vomiting. The remedy is so perfectly simple and harmless that it should be faithfully tried.

T. A. A.

Speaking at the 7th anniversary of the opening of the Johns Hopkins University, Mr. S. Teackle Wallis said: "I find especial reason for rejoicing in the standards and methods which this University will establish and maintain among us by the authority of its example and position, and by the sheer and downright force of its intellectual preponderance. And when I speak of preponderance, it is of a superiority not vaunted, but frankly and generously recognized, an authority not less efficient because founded on good feeling and respect, and exhibited in co-operation rather than control."

## MEDICAL ITEMS.

DR. B. HOWARD RAND, late Professor of Chemistry in Jefferson Medical College, died in Philadelphia Feb. 14th. = Drs. Geo. W. Benson, J. F. McShane and J. McHenry Howard, have been reappointed, respectively, Health Commissioner, Assistant Health Commissioner, and Quarantine Hospital Physician, of Baltimore, for the ensuing year. = The Board of Trustees of the Johns Hopkins University has endowed eighteen additional scholarships (annual), to be offered to deserving students from Maryland, Virginia and North Carolina. The value of each is \$250 per annum and free tuition. = The New York Skin and Cancer Hospital is now in operation, a suitable temporary building having been secured. Drs. L. Duncan Bulkley and George Henry Fox are the Physicians, and Drs. Daniel Lewis and W. T. Alexander as Assistants. Philadelphia alone of American cities, it is stated, has a special hospital for skin diseases. = At a meeting of the Councilors of the Massachusetts Medical Society, in accordance with the recommendation of the Committee on Medical Diplomas, it was voted that Columbus Medical College, of Columbus, Ohio, be dropped from the list of medical colleges whose diplomas are recognized for admission to the society. = The commencement of the University of Maryland, School of Medicine, will be held at the Academy of Music, in Baltimore, on Thursday, March 15th, at 12 M. The meeting of the Alumni Association will take place the same evening at the Eutaw House. Tickets to the annual supper can be procured by the Alumni from Dr. Michael, Chairman of the Executive Committee or from Dr. Cordell, at the Medical Library. = The "Hospital for the Women of Maryland of the City of Baltimore" (McCulloh St.) has 15 beds, and treated during the year over 400 patients.

# MARYLAND MEDICAL JOURNAL.

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WHOLE NO. 106.

BALTIMORE, MARCH 15, 1883.

VOL. IX, No. 22.

## ORIGINAL PAPERS.

### GUNSHOT WOUNDS, ILLUSTRATED BY CASES AND BULLETS.

BY E. G. WATERS, M. D., OF BALTIMORE  
Late Acting Assistant Surgeon, U. S. A.  
*(A Paper Read Before the Baltimore Medical Association, Feb. 26th, 1883.)*

A recent event of national importance, which startled and shocked the world, admonished the medical profession that a knowledge of gunshot surgery may become equally important in peace as in war. Time may not be considered lost, therefore, which is devoted to the consideration of principles in their simplest form, which may demand attention in any accident by gunshot.

When a bullet has lodged, the indications are to find it and remove it.

Drs. Otis and Begin formulate the sentiment of the profession on this subject when the one says:

"There are no exceptions to the general rule of extracting foreign bodies other than the instances in which they are so situated in vital or-

gans that their extraction may immediately jeopardize life."

And the latter:

"The indication for their extraction is always present; the surgeon should always strive to fulfill it, but his efforts should conform to prudence and reason. If he succeeds, he has done much in favor of his patient. If he fails from absolute impossibility, or from fear of graver additional lesions, he will nevertheless have satisfied the principles of his art, and whatever the results may be, he will have no occasion to reproach himself with having permitted them to become fatal through his own inertness."

But how shall he proceed to find it? There will be present to his mind the thousand eccentricities of direction it may pursue, and superadded to these, the chance—ever present, that it may have split upon a bone and separated into two distinct fragments. To the present day it has been a maxim that the "finger is the best probe." Without detracting from the value of this sensitive explorer, it is yet necessary to say that it must not always be depended upon alone, and that dis-



tinguished instances of its failure are familiar to us all. Surgeon-General Wales was quite confident he had touched the bullet in the President's liver, and Mr. Partridge and M. Pirogoff were equally confident that the bullet was not in Garibaldi's ankle, because M. Porta *had not* touched it with his little finger. Together with this most useful instrument, the surgeon will avail himself of other means, prominent among which will be the probe associated with the name of Nélaton, but which, indeed, was not his invention. Should the bullet be within reach, and the instrument come in contact with it, the tell-tale porcelain will bring to light the fact so evidently as to cheer the surgeon's heart with hope and assurance, and to make the subsequent steps for its removal simple and sure. The several galvanic appliances which are highly commended are eminently scientific, and may occasionally be availed of advantageously, but at the bed-side of a recently wounded man there is not usually time to conduct such delicate experiments, nor is such an occasion the place for excessive refinements. It is chiefly on great spectacular occasions, when mighty rulers are the victims, that these niceties may be employed—perhaps to fail ingloriously. Mr. Guthrie has given minute instructions how to proceed when it is certainly known that a foreign body lies loose within the cavity of the pleura. When it was suspected that the bullet had been lost in the abdominal cavity of the late President, Dr. Sims telegraphed from Paris not to hesitate to open the cavity and search for it. This sounds bold and hazardous, but in view of the astounding results following the recent operations for ovarian tumors by Mr. Spencer Wells, in which there was a mortality due to the operation proper of only two per cent, the time is already at hand when equal courage may be exhibited when the object is to search for and remove

foreign bodies from abdominal cavities in our own sex.

In the days of England's "Brown Bess," or smooth-bore musket, when the cartridge consisted of one round bullet and three buckshot, it may have been that bullets could remain in many instances unextracted without serious inconvenience. But *tempora mutantur*, and facts have changed with changing time. In these days of the Chassepot, Martini-Henry and Zundnadel gewehr—the Prussian rifled musket or needle-gun—with their enormous ranges and prodigious velocities of their projectiles, together with their increased weight and irregular outline, bullets, unless of very small calibre, when they stop in tissues, give rise to such irritation and annoyance that the sufferers are glad to submit to any reasonable operation to get rid of them. I remember but one case, among a great number, where the patient persisted in his refusal to have it removed, and he died of pyæmia. And when the ominous chill occurred that betokened too surely the impending calamity, he begged most earnestly to have the operation performed. Hutin, chief surgeon at *l'Hotel des Invalides* in Paris, states that, out of 4,000 patients examined by him, only twelve did not complain of unextracted bullets, and that the wounds of two hundred others continued to open and close until the bullets were taken out. Apart from the certain advantage arising from the removal of this source of irritation, with its consequent risks of abscess, pyæmia, tetanus and hemorrhage, the patient and his friends derive the greatest moral solace from the knowledge that this fruitful cause of mischief is out of the way. The patient is generally better disposed to a painful search and a painful operation at once, than later, and will nerve himself to much suffering without complaint, even when unaffected by anæsthetics.

Billroth says, very justly, that most kinds of forceps are useless when the foreign body is beyond the reach of the finger. All the ingenious and complicated contrivances, with long, slender rods, expanded or not, at their ends or canulas sliding over curettes or pincers, which are passed along the track of the wound until in contact with the foreign body, and are then made to expand and inclose it, are absurdly useless, unless the object should be found lying loose in one of the cavities. What a surgeon needs for this purpose is a pair of strong, long-handled forceps, say eight inches in the handles, with long, strong, serrated or sharply ridged jaws, not too thick or wide, which, when they are closed on the object, will not slip, and when withdrawn will bring the foreign body with them. Their use may require dilation of the external wound, or what will often be found better, a counter opening as near the bullet as possible when once it has certainly been located. These, with a strong pair of dressing forceps, will meet almost every conceivable demand for the employment of this class of instruments.

The appearance of the orifices of the wound will be affected by the velocity of the missile. When fired at short distance, the orifice of entrance will sometimes appear as though punched out, and that of exit may have fragments of skin carried completely away. Commonly the entrance is serrated, puckered, its edges inverted, the surrounding parts bruised, and larger than the bullet, at times smaller, while the exit will be larger, with edges everted, with slight protrusion of subtegumentary tissues. A careful inspection of clothing will often assist the diagnosis, which is important, in view of incident circumstances—notably the extraction of foreign bodies and the fracture of bones. The amount of shock will depend upon various facts—the kind of

missile, the nature and extent of injury, the presence or absence of mental preoccupation. In the excitement of battle, in *emeutes*, in violent personal altercations, scarcely any immediate depressions of the vital powers may be perceived. Schröder, an artilleryman, at the battle of Williamsburg, was struck on the upper third of the right arm by a bullet at the moment of discharging his piece. He felt no pain, but became suddenly aware that the limb was helpless, and then discovered the blood trickling over his wrist and hand. The upper third of the humerus had been shattered. When the mind is disengaged and has time to concentrate itself upon the injury, alarm at the immediate or remote consequences may produce marked characteristic symptoms.

A man was shot, or shot himself, with the smallest-size cartridge pistol, the pellet entering the *linea alba* about two inches above the umbilicus. His prostration was extreme. There was great pallor, anxiety, nausea. He thought death immediate and inevitable. A few encouraging words, accompanied with brandy, speedily dissipated these symptoms, cheerfulness and confidence were restored, and the case went on to almost immediate recovery.

A young gentleman shot himself in the hand with a similar weapon about 12 o'clock at night. The moral impressions of the accident were the predominant ones—visions of tetanus seeming to float through his brain—to the extent of subduing all sense of pain while the bullet was searched for and recovered.

When larger missiles pierce the cavities of the chest or abdomen, the shock is ordinarily profound, continuing often for many hours. A colored soldier was shot in the Hanover Market by a revolver carrying a large size ball. The wound of entrance was near the left nipple, the missile lodging under the integuments at the



inner edge of the corresponding scapula. There was little bleeding, great dyspnœa, profound depression of the powers, lasting through the night and into the following day. He survived the immediate effect of the injury, but died some two months subsequently after a wasting discharge, great emaciation, and with symptoms resembling phthisis.

Welch, a police officer, was shot in the back, at night, in a store on Howard Street, by a private watchman. The implement was a gun carrying an ordinary charge of No. 1 shot. He was attended at the station house by Dr. Maund, who invited me to see him the next afternoon. He was then very weak, anxious, embarrassed in his breathing, coughing feebly, and spitting some blood. We counted 62 shot holes in his back, most of which were over the thorax, and a number of which undoubtedly communicated with his lungs. This man made a good recovery. I saw him several years after the occurrence, at which time he was suffering no inconvenience from the injury.

When a charge of shot enters the body at the distance of a few inches from the muzzle of the gun, they tend to separate, as when fired through the air, thus endangering a more extensive destruction of tissue, and injury to important organs, the further they penetrate. A gunner, while shooting ducks on one of the rivers near this city, in drawing his gun towards him, muzzle foremost, entangled the hammer with some object, causing the charge to explode. It entered the right side of the chest anteriorly near the clavicle, making a hole about an inch in diameter, nearly circular, and passed backward and lodged at the upper edge of the scapula, not far from the surface. The mass of lead was distinctly visible through the integuments, and when removed was found to occupy a cavity as large as a

hen's egg. There had been little bleeding, but the pallor and anæsthesia were extreme, although some 24 hours had elapsed since the receipt of the injury.

It is surprising how often a bullet will pass through the cavity of the chest without wounding the lungs. Frequently in tracing the course of such injuries after death, I have observed that those organs had escaped injury, the missile glancing around the pleura, and this even when both orifices of the wound approached the median line. Hence in persons surviving such wounds, the probability of the lungs having escaped perforation is inferentially strong. Dr. Otis concludes similarly in his analysis of this class of accidents.

Primary hemorrhage is not apt to prove troublesome, according to the testimony of most observers. Wounds of the chest and face are apt to bleed, those of the former character, in the opinion of some writers, from the intercostal arteries—and large vessels, when opened, may pour out a tide of blood sufficient to destroy life—yet it is certain from the frequency of secondary hemorrhage, and the opportunities for tying vessels that it affords, arteries as large as the brachial and popliteal may be fairly opened without much blood being lost. Larrey saw the femoral artery completely divided without much loss of blood, the vessel was not tied, and the man recovered perfectly. Similar cases will again be referred to under their appropriate heads.

It seems reasonable to conclude that no bullet wounds involving single organs are necessarily fatal except those of the largest vessels, and the spinal cord at and near its origin. Guthrie mentions two soldiers who survived and did duty, with bullets lodged in their brains, for more than a year. They both died after a debauch. Dr. Alan P. Smith showed me a slug that had entered a boy's

temporal bone and was lost. The subject lived sixteen years, suffering occasionally from epileptic fits, and after death Prof. N. R. Smith examined the brain. The fragment, after perforating the bone, had traversed both hemispheres and was encysted against the opposite side of the skull. The extraordinary case of a tamping iron passing upwards through a man's brain is fully reported in the catalogue of the Warren Museum. The iron was  $1\frac{1}{4}$  inches thick and three and a half feet long. The patient lived twelve years, for most of the time actively employed.

Two patients, in one of the Valley fights, were shot in the forehead by musket bullets, and came under my care. The holes were clean cut as though punched out, the pulsations of the brain being beautifully shown. They complained of no pain, were quite rational, answered questions with perfect intelligence, ate with appetite, slept well—in a word their condition suggested in no respect a lesion of such gravity. Unfortunately they were transferred North, greatly to my regret and without my knowledge, between two visits, and opportunity for noting the progress and termination of these cases was lost to me. Recoveries are noted after wounds of the pericardium, heart, stomach, liver, spleen, intestines, kidneys, bladder.

Of gunshot wounds of the pericardium, Fischer has collected 51 cases with 22 recoveries.

*Heart.*—Four cases of temporary survival after heart wounds, are noted by Dr. Otis as follows: Fourteen days after wound of right auricle;  $1\frac{1}{4}$  hours after penetration of right auricle and left ventricle by a pistol ball; 46 hours after similar wound of left auricle and left ventricle;  $2\frac{1}{2}$  years after pistol wound of right auricle, the patient meantime attending to duty.

*Chest.*—3,720 names of persons reported suffering from disability on account of chest wounds are found

on the pension rolls, representing 1 in 20 of the whole number reported shot in this manner.

In the Austro-Prussian, or six weeks' war, Dr. Maas reports 4 fatal cases of wounds of lung out of 12— $66\frac{2}{3}$  per cent. recoveries. In the Franco-German War, Billroth lost 9 out of 30 from penetrating wounds of chest. In our war the percentage of deaths from penetrating wounds was 33.4 per cent. Drs. J. J. Chisolm and Thom report recoveries after such wounds at about 25 per cent. in many of which, however, the lung had been injured.

Dr. Peters reports a successful case after wound of the stomach, referred to by Bryant. Five cases of recovery after wounds of the small intestine are reported in the Surg. Hist. of the war, of which two were under my charge: 1. Daniel Moyer, 5th Penn., was shot in the Seven Days fight before Richmond, while lying down. The bullet entered near the umbilicus and escaped posteriorly near the crest of the ilium.

He told me that food often showed itself at the wound for days after he was shot, sometimes within ten minutes from the time of being swallowed. The wound had closed at both orifices at the time of his admission, but subsequently reopened posteriorly, giving exit to the contents of the bowels with the characteristic appearance and odor of fæces. The appearance of this man was indescribably wan and haggard when first admitted, but under careful nursing the wound was sealed up at both extremities and he made a good recovery.

2. James D. Bishop, D., 16 Miss., was shot at Antietam September 17, 1862. The bullet entered his belly two inches to the right, and on a line with the umbilicus, passed backwards and outwards, opening the intestine, and lodged. He stated that much liquid food and his drink had constantly escaped through the wound



for weeks after each meal, the interval from the time of eating being about half an hour. A fistulous canal in the walls of the belly existed at the time of his admission into Camden Street Hospital, March 14, 1863. Presuming the presence of a foreign body, on March 21 I introduced a probe and readily detected its presence at the end of a canal about six inches from its orifice. On April 1, I operated for its extraction by passing in a sound until in contact with the bullet, and then forcibly depressing the handle, made its point prominent. Cutting down upon this and then dilating the incision, the bullet was easily reached and withdrawn.

It had evidently come in contact with some hard substance, possibly his belt-buckle, before striking his person, and was flattened and expanded into two *alæ*, representing very accurately the figure of a gentleman's saddle with its flaps extended. It was easy to see how one of these cutting edges had slit the intestinal coats *in transitu*. On May 26 he left the hospital fully convalescent, with a slight discharge from the wound, for his distant southern home. Both these cases are published in detail in the Surgical History of the War, and also are referred to by Dr. Hamilton in his work on Military Surgery. One of them I had the pleasure of showing to the doctor during a visit he made to the hospital.

(TO BE CONTINUED).

### A CASE OF VESICULAR MOLE, OR CYSTIC DEGENERATION OF THE CHORION.

BY W. P. CHUNN, M. D.,

Assistant Physician to Hospital of the Women of Maryland, Chief of Gynecological Clinic University of Maryland, etc.

(Read before the Clinical Society of Maryland March 2, 1883.)\*

Cystic degeneration of the chorion is a uterine disease not very frequently met with, and is rare enough to be of

some interest, as well as a source of difficulty in diagnosis to those unaccustomed to manipulate and watch the growth of pelvic and uterine tumors. The diagnosis in these cases is of much importance, for when it is made, treatment follows which is usually effective. It is hardly necessary to say that cystic degeneration of the chorion is usually a result of the death of the fetus, as a consequence of which the nutrition, originally intended for the child, is expended upon the chorion. This membrane swells out, the villi become enlarged and distended with fluid, and at times the whole cavity of the uterus becomes enormously enlarged with these small, cystlike bodies, hanging one from the other.

This condition of affairs was found to exist in the case already referred to. The patient, Mrs. B., a married woman, aged thirty-five years, was the mother of nine children, the youngest of which was four years of age. She had been suffering from heart disease for some time, and auscultation showed a very decided mitral murmur. For four or five days she had been confined to bed by reason of severe pelvic distress, caused by a rapidly-growing abdominal tumor. She had been vomiting at short intervals. There was also present considerable constitutional disturbance. Menstruation had been formerly regular and without pain, but there had been no flow for six weeks previous to my first visit. In consequence of this fact, added to an anteversion of the uterus, it was thought by her physician to be an instance of retained menstrual blood. It was with this impression I first saw the patient, and was asked to make a diagnosis. An examination of the abdomen was then made, and dis-

\*The case referred to occurred in the practice of Dr. T. W. Clarke, and it was in consultation with him that I first saw the patient.

closed the presence of a large tumor. This tumor had attained its entire growth in two months. It was as large as a pregnant uterus at the seventh month of utero-gestation. It was spherical, movable and prominent, and had first appeared in the median line. It reached as high as the umbilicus, and filled the lower central part of the abdomen. Palpation yielded very indistinct fluctuation, but gave an elastic, doughy sensation, midway between the well-known hardness of a fibroid and the fluctuation presented by a cyst. Percussion gave entire flatness all over the region of the tumor. Auscultation was then practiced, but gave a negative result. The ankles were œdematous and the breasts fallen. The woman said she was not pregnant. A vaginal examination was then made, and the cervix found hard, small and pointing toward the hollow of the sacrum. It was not softened; neither was it dilated. The index and middle fingers remaining in the vagina, the right hand was made use of to lift, depress and roll the tumor through the abdominal wall, and it was found in each case the cervix was pressed down, drawn up or rotated accordingly. Feeling convinced that this was not a normal pregnancy, I introduced the sound without resistance between seven and eight inches. No discharge resulted.

The examination being concluded, the diagnosis still remained to be settled. In order to say positively what a thing is, it is frequently necessary to consider every thing it might be. Consequently the following conditions presented themselves for consideration:

Polypus,  
Sarcoma,  
Hematometra,  
Pregnancy,  
Cystic Chorion.

The large size of the uterus, as well as the rapidity of growth, combined

with absence of discharge, would serve to exclude a polypus. Sarcoma would have been known by shooting pains, fetid discharge, emaciation, with more slowness of growth. Hematometra, or menstrual retention, could have been diagnosticated, or rather excluded, by the absence of stenosis or flexure, ease in introduction of the sound and by the large and rapid growth of the tumor. Pregnancy would have existed if the fetal heart had been heard, together with softness of the cervix and smaller size of the uterus.

Cystic Chorion, then, was the only thing left to account for the rapid growth of the tumor. An opinion to this effect was given, and, to make certain, dilatation of the cervix was suggested. Nothing occurred for three days. Early in the morning of the third day I was called up, to find the patient had been having terrific hemorrhages, accompanied by bearing-down pains. The whole bed was saturated with blood, and the patient seemed much exhausted. I felt the pulse at the wrist, and found it rapid but moderately full and strong.

Dr. Clarke, who had been with her from four o'clock in the morning, had succeeded in stopping the hemorrhage by the hypodermic use of ergot, and I think it was owing to this treatment that she did not bleed to death at the time. There was no hemorrhage when I saw her. Before leaving the house I collected a small handful of cystic, grape-like bodies, which showed the diagnosis to be correct. Arrangements were then made to dilate the cervix later on in the same day, and remove whatever might be found in the body of the uterus. Arriving at the house about 3½ o'clock, according to agreement, the nurse informed us that the patient had passed an immense mass of currant-like bodies, probably a quart, and shortly after threw up her hands and fell back dead on the pillow.



The preceding history suggests to my mind three things: First, that most cases of cystic chorion (with early death of the fetus) can be diagnosed by rapidity of the growth alone; secondly, that it is better not to wait, but to dilate the cervix at once, as hemorrhage can be better controlled in that way; thirdly, that when heart disease is also present the uterus should be emptied just as soon as possible, for in such cases hemorrhage is doubly dangerous.

### HOSPITAL REPORTS.

#### REPORT OF THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL FOR FEBRUARY.

BY HIRAM WOODS, M. D.,

Assistant Surgeon to the Hospital.

The work at this Hospital during February was as follows: Number of individual patients admitted 381. The number of visits made was 2,001, of which 1,443 were eye cases, 246 ear, and 312 throat. The largest number seen any one day was 131, the smallest 40; average daily attendance 84.

There were 55 eye operations, the chief of which were: Four iridectomies, 8 cataract extractions, 2 enucleations, 7 squints and 1 operation for double congenital ptosis in a child of 7 years. There was an excellent result. All the cataract operations turned out admirably.

We had under notice 2 cases, to which I desire to call especial attention:

*Case 1.*—OPTIC NEURITIS WITH CONSECUTIVE ATROPHY IN A CHILD OF FIVE YEARS.—E. B., a white female child, was brought to the hospital February 20th. The history obtained from her father, who came with her, was that a few days before last Christmas the child's mother had noticed that the

little one seemed to be unable to distinguish objects. From this time (previous to which the child had had excellent vision), the sight has rapidly failed, and now the patient is almost blind. Bright objects waved before the eyes seemed to attract no attention whatever. The father said the previous health of the little girl had been excellent, her only sickness having been the whooping cough about three years ago, and a "little rheumatism" in the neck last summer, which he had attributed to a fall the child had at that time. This fall was reported by a neighbor who had seen the child fall on the pavement, and strike the back of her head. Since the sight has been failing she has often complained of headache, and has had a good many attacks of nausea and vomiting, which were inexplicable. There is no history of any family dyscrasia, the father himself, the mother and three other children being in robust health.

External examination of the eyes revealed dilated and indolent pupils, a slight rolling movement of the left eye, and also the vacant look which always suggests nerve trouble. The ophthalmoscope showed neuritis in each eye. The inflammation in the left had already advanced to commencing atrophy, while the right disc still showed the "wooley" appearance, its outline being very indistinct, and the retinal vessels blurred in their course over it. An unfavorable prognosis was given and tonic treatment ordered. Nothing more was seen of the patient till March 5th when, as she did not return to the hospital, I went to her home. I found her recovering from a mild attack of chicken pox. Her sight was, I was told, worse than ever. Her parents thought she could tell bright colors on her playthings and blocks. I think, however, that she told the colors more by feeling the shape of the object and previously knowing what its color was than by actual sight. The ophthalmoscope showed white discs in each eye,

somewhat irregular in outline, with the vessels considerably shrunken. The point of interest here is the *occurrence* of neuritis in a patient so young and otherwise in perfect health. There was nothing in the fundus to indicate that the trouble could be an *ascending* neuritis. An intra-cranial lesion—caused or not by the fall of last summer—could have interfered with the free circulation, and thus the neuritis might have resulted from serous effusion within the nerve sheath. Unless, however, we count the headaches and occasional attacks of vomiting, there are no symptoms to indicate any central trouble.

*Case 2.*—GRADUAL LOSS OF VISION FOLLOWED BY A PROGRESSIVE ATROPHY OF EACH EYE BALL.—V. C., white, French, 30 years old, applied for treatment for deafness. The appearance of her eyes—or rather what was left of them—attracting attention, I enquired into her history, and gathered the following: During the first sixteen years of her life she had full use of her eyes, but says her left eye was myopic. When about 17 years old she noticed that her sight was failing. "It seemed as though there was a scum over everything." Vision became weaker and weaker, glasses entirely failed to give her any relief, and in five years her sight consisted in perception of light. That was between eight and nine years ago, and during these years she has been able to detect light, but this power is gradually dying out. She is unable to locate the window in a large room, but can tell when transmitted light is sent into either eye by the ophthalmoscopic mirror. The condition of the eye-balls is most striking. It is the same in each eye, and indicates a gradual atrophy. The eye is sunk deep in the orbit, and has shrunken to less than three-quarters its natural size. Tension is decidedly "*minus*." The cornea has been reduced to less than one-half its normal circumference, there remaining a small central and perfectly transparent nucleus. The iris is of a pale brown color, and is reduced to a mere rim around what, on *transmitted light*, fallaciously appears to be a *dilated* and utterly inactive pupil. When *oblique* illumination is employed by a three inch lens, a zone of lighter hue than the iris

itself is seen, and within this a clear *contracted* pupillary opening, perfectly circular in the right, a little irregular in the left eye. Closer examination of this zone shows it to consist of delicate striations running from the pupillary opening to the periphery. These striations are undoubtedly the remains of the degenerated radiating muscular fibres of the iris. The space within the circumference of the rim of iris is filled up with an opaque substance; no doubt the lens. This mass has a white appearance in the pupillary space, and looks yellow when viewed through the zone of degenerated iris. The lens and remains of iris are in contact with each other and with the cornea, so there is no anterior chamber. The conjunctiva has undergone the shrinking process with the eye. It is of a pale leaden hue except on the extreme palpebral margin, where it retains, in a measure, its normal color. A few attenuated vessels are seen on its ocular surface. With the exception of her deafness—which is due to nerve trouble—her general condition is good. The only sickness she has ever had was five years ago when an ovarian tumor was removed by Drs. Alan P. Smith and Claude Van Bibber. This did not appear until after her blindness had lasted two or three years.

In this case we see (1) a gradual failing of sight, until vision is reduced to mere perception of light; (2) a progressive and symmetrical wasting of the eyes, this wasting commencing without any inflammatory trouble preceding it; (3) each part of the eye has shared in the degeneration and one part does not seem to have atrophied faster than another. This process seems to have gone on in the cornea from the periphery to the centre, and to have taken the opposite direction in the iris. The perception of light, which is gradually becoming less, clearly shows that there is some retina and nerve left.

After looking through several authorities on eye matters, I am unable to find any parallel to this case. Prof. Chisolm, who has kindly allowed me the use of his library and has helped me in my search, says that this is the first case of the kind of which he has heard.



## CORRESPONDENCE.

## LETTER FROM VIENNA.

*To the Editors of the Md. Med. Journ:*

VIENNA, Feb. 15, 1883.

There has been rather a good story going the rounds of the daily papers about an Englishman in Professor Kaposi's lecture-room. The Englishman, who had taken a ticket for the lectures at a late date, and who was not satisfied, presented it to Prof. K. one morning and said: "I can see nothing, I can hear nothing, I can learn nothing, here is your ticket, give me back my money." The money was returned, much to the Professor's amusement. The truth is, the man was quite right. A worse room for a crowd of hearers was never built than the one Prof. K. uses. There are about fifteen good places where one can 'see, hear and learn,' but unless they are reserved long before the semester begins, it is almost useless to attend the lectures. The professor himself is not any better pleased with it than the students, and the newspapers have been very hard upon the miserable accommodations for teaching in the old hospital. Billroth's amphitheatre does not compare with that of the University of Maryland. It is crowded, illy ventilated, with only a few good seats, so that many a student who has come here to learn surgery of the great man, goes elsewhere, disgusted.

Neumann has to give his lectures in the wards where the patients are lying, and so it is throughout the whole hospital. New and modern lecture-halls are needed in every department.

They are now trying the electric light in some of the courts and wards of the hospital. No one seems much pleased with it. Professor Kaposi made a trial of it with respect to its use in diagnosis of skin diseases. He found he could not distinguish any of

the colors which it is so necessary to define in making a diagnosis, and said he should stick to daylight, for the present at least. Like full moonlight, it was a great hindrance to a nice distinction in skin diseases.

I have been much interested in studying the effects of continuous water baths on various diseases. The results of such treatment first introduced here in its present form by Hebra cannot but surprise one. There is a well ventilated, quite large room, with eight water beds in it, so arranged that one does not realize upon first entering that it is anything but an ordinary ward. The beds are zinc tanks, with galvanized iron wire mattresses inside of them, which can be raised or lowered as desired. On the iron mattress, which has quite a spring to it, is placed a soft, thick, woollen blanket, and a horse-hair pillow. The head and shoulders can be raised separately from the body, as in other convenient mattresses for the sick. There is a small box or reservoir behind the bed into which hot and cold water flows before it flows into the bed. When the temperature is properly regulated in this way, it runs into the bed, and after filling it runs out from the other side through a safely pipe at the top. The water is thus kept in gentle motion and the temperature preserved. The whole mechanism is quite simple, and although in some minor points it could be made much more perfect, yet it answers every purpose.

Lately there have been two cases of interest in the baths. First, a young woman of twenty-three who had the following history: Besides being pregnant, she had acute Bright's disease. An abscess formed inside of the right thigh near the groin, which was probably caused by thrombus. It ulcerated, began to slough and before the child was born the greater part of the right lab. majus had fallen off, and lower part of the slough had become

phagedenic. The prognosis, of course, with such complications, was very unfavorable. An hour or two after the birth of the child the mother was put into a bath at the temperature of the body. Her temperature, which had run up to over a hundred and five, after she had been in the water a few hours, began to fall, until in thirty-six hours it was normal. The large ulcer stopped spreading, and all her bad symptoms subsided. From this time she began to mend, and now, after forty-two days and nights in the water, she is ready to get out cured. The lochial discharges were quite normal, being neither more nor less than is usual, and the involution of the uterus was complete.

The second case is that of a man who was burnt severely over the lower part of the abdomen, penis and scrotum. He was first treated in the usual way with lime-water and oil, but suffered so much for three days that he was put into a water bath at the temperature of the body. Within an hour all pain had stopped. The wound began to heal immediately, and it is an interesting sight to watch how the granulations are starting in every direction, and the epidermis beginning to spread from the hair follicles, which were fortunately not destroyed. This man has been in the bath more than three weeks, day and night, and really seemed disappointed when they told him he must get out.

There are some drawbacks to this method of treatment, which might deter one ignorant of what is to be expected from the injurious effects of water from using it. The feet, for instance, become very painful from the pressure of the epidermis upon the papillary layer, and there is frequently an universal eczema, but both of these symptoms are easy to manage—the first disappears after three or four days, and the last, if left alone, will soon fade away. There are many points as regards the general use and

abuse of these baths, which there is hardly use to enter upon now. Certain it is, however, that no hospital can be complete without such a room, and no treatment is so efficacious or comfortable when properly used. I have merely mentioned two cases, but there are many more just as successful. Every week there are four or five patients so treated.

I was invited not long since by the Chirurgical Club to demonstrate the bacteria which I have found so generally in syphilis for the past few months. This is a club made up of professors and assistants in the hospital. There were about twenty present, and as can easily be imagined, there is always plenty of interesting material taken directly from the hospital itself. Besides the syphilitic bacteria, which created much discussion, specimens of actinomycetes (*actinomicosis bovis*) from a young girl were shown. There have been so few cases reported in the human subject of this disease that it was of extreme interest. The girl came to the hospital with symptoms of peritonitis. An abscess in her abdominal wall was opened, and a fistulous opening ensued. From this quantities of pus flowed which, upon examination, was found to contain actinomycetes. The patient is still alive, but is expected to die eventually, as she is gradually becoming weaker, thinner and more anæmic. The assistant describing the case said this was the second on record in the human being. He was, however, mistaken, as there are references to many more cases in various books.

Professor Neumann has in his wards an interesting and remarkable case of congenital syphilis. A woman, pregnant, and without the slightest sign of syphilis anywhere upon her, was delivered of a syphilitic child, and still continues to have no symptoms of the disease. The grandmother, a healthy woman, while play-



ing with and fondling the infant, got a papule upon her lip from a kiss, and she is now going through the regular stages. So the three were presented for inspection—the grandmother with a macular syphilide, the mother nursing the child and apparently healthy, with absolutely no sign of disease about her, and the child covered with a papulo-pustular exanthem. The interest in the case centres upon the mother. If she had not a syphilitic diathesis she would take the disease from the child as the grandmother did, and why the disease does not show itself is difficult to explain. She has had three other children, two by a former husband, which were healthy, and the third by her present husband, which was also healthy. She gives no history which in any way could be taken for syphilis, and yet, in order to prove she has it, she has been inoculated with the exudation of different syphilitic chancres five times on the arm with no result.

Often where there is latent syphilis an injury will disclose the disease by the character of the wound, but in this case there was nothing of the kind. The question of latent syphilis is one which causes much speculation and many theories. The general opinion among syphilographers here is against the theory that the lymph glands are the seat of it. In fact, the pure secretion of no gland is infectious.

Kasper, in Königsberg, is now making some interesting experiments on syphilitic inoculation, with a view of seeing what effect syphilitic virus has upon latent syphilis.

Liebreich, in Berlin, is trying and recommending a new preparation which he calls hydrargyrum formamidatum for subcutaneous injections in syphilis. This is his prescription:

Hydrarg. Formamidat., 1. 0

Aq. Dest. 100.

S. 1. 0 to be injected daily.

The injection is best made on the

side of the thorax, and causes some pain, though Liebreich claimed that it did not. The mercury can be demonstrated in the urine in three hours. It is supposed to cure in twenty injections. Experiments in Vienna are very favorable. Neumann and Kaposi both recommend it, and it is being used very generally.

Lewin, in Berlin, has recommended ergotin in eczema. In Vienna, Neumann and Kaposi have found it useless. It has seemed, however, in one case of prurigo, under K., to have had a most beneficial effect. On this account it is to be tried again.

In eczema its trial would seem to be thorough and convincing. A patient with eczema would be treated in two ways. Internally he would get ergotin and externally one-half the body affected would be treated in the usual way. In all cases the parts not treated externally were not benefited, while the parts so treated healed in the same way as when ergotin is not given.

I would suggest to the general practitioner that vaseline, unless perfectly pure, will produce acne. There seems to be some ingredient in vaseline imperfectly refined, which is irritating to the skin, and this may especially be the case with children. Here the American manufacture is considered the best.

The theory of Koch's about the cause of tuberculosis is meeting now with much opposition. In two weeks there is to appear here an important monograph written by Dr. Spina from Professor Stricker's laboratory. He has gone over Koch's work, and maintains that he drew false conclusions. He allows the presence of bacteria but does not admit they are the cause of disease. He tries to prove, I believe, that, as in animals, almost any irritation will produce tuberculosis, so these bacteria, by their presence, acting as irritants, are only one factor in the cause. And also that

their presence is not constant in tuberculosis. In fact, he entirely opposes Koch's theory. Bearing somewhat upon this question, Professor Nothnagle has had two recent cases. In both was tuberculosis diagnosed from bacilli in the sputum. A post mortem in each case disclosed absolutely no tuberculosis anywhere; the patients died of bronchiectasis.

Professor Pflug, in a recent number of the *Vienna Veterinary Journal*, reports a case of tuberculosis in a horse where there were no tubercle bacilli, but actinomycetes. These were found surrounded by tubercular infiltration. So the battle is going on, and everywhere are rising opponents to a theory which at first sight seemed very conclusive. The truth is, the whole theory of bacteria in general is so much in its infancy, it is impossible to reach any decided conclusion at present. No one doubts Koch's honesty in drawing his conclusions any more than they doubt Pasteur's or Klebs', but he is now to meet the criticisms of many investigators, who will not spare him if they can help it. It seems to be the fate of these men, when they have proven some cardinal principle, to allow themselves, as Pasteur and Klebs seem to have done, to be led astray into unscientific, half-proven opinions which they cannot maintain. It now remains to be seen what Koch's position will be.

My next letter will be from Prag.  
R. B. M.

### LETTER FROM PARIS.

Typhoid Fever in Paris—Discussion Before the Academy of Medicine—Relative Value of Brand's Method and Phenic Acid—Astonishing Results from the Application of Cold Water, Etc.

PARIS, FRANCE, Feb. 21, 1883.

The epidemic of typhoid fever which prevailed in this city from

July, 1882, to January, 1883, is still the subject of discussion in medical circles, and it will be found that doctors differ in Paris, as in all other places upon this sublunary sphere, whenever the origin, progress or treatment of a disease is the subject of consideration.

Unfortunately, medical science (so called) is not an exact science, and therefore uniformity of opinions and results in connection with it is not to be expected; but the broadest latitude of judgment and reasoning should be tolerated, in order that theories, however monstrous they may at first appear, shall be either disproved by experience or established as facts in the light of research and observation. This view, it is gratifying to note, has recently been taken by the Academy of Medicine of Paris in considering the question of the treatment of typhoid fever.

It is estimated that upwards of six thousand persons were attacked by the fever during its existence in Paris, and the mortality amounted to about thirty-seven per cent. The disease first assumed unusual proportions about the middle of August, when there were about forty or fifty deaths per week. The last week of August the deaths amounted to one hundred and six. During the next three weeks the fever fell again, the number of deaths registered being seventy-four, eighty-two and sixty-three; from the 8th to the 14th of September seventy-four deaths. Then followed a retrograde movement, and during the next two weeks only fifty-three and fifty-seven deaths were reported. The next week, however, the mortality rose to one hundred and thirty-four, then to two hundred and fifty and two hundred and forty, and only in the week from the 20th to the 26th of October dropped again to one hundred and seventy three. From the 1st of August to the 1st of November there were 1,358 deaths. The cause of the epidemic



is attributed to defective drainage, unhealthy houses and the large number of cesspits in the city.

These facts attracted the attention of the Academy of Medicine, and the circumstances of the disease and its mortality were freely discussed by that learned body. Indeed, the matter was considered of such importance that the Academy departed from its usual custom, and invited scientists not members of the organization to participate in the discussions, and also invited the contribution of papers upon the subject from all sources.

Dr. Frantz Glenard, of Lyons, availed himself of the privilege thus extended, and read a very important paper before the Academy upon the application of Dr. Brand's hydro-pathic method of treating the disease. This method had attracted the attention of Dr. Glenard during the Franco-German war, and he published soon after the war a monograph entitled "The Scientific Treatment of Typhoid Fever, by the Method of Dr. Brand, of Stettin, Prussia."

Dr. Brand had shown great kindness to the French soldiers who were sick in the hospitals at Stettin during the war of 1870, for which he received after the war a flattering testimonial from the French government through President Thiers. Dr. Glenard himself was a prisoner for five months at Stettin, during which time he was admitted to the clinics of Dr. Brand, whom he speaks of as "*Mon veneré maître bienfaiteur et ami*," and whose work on "*Die Hydrotherapie des Typhus*" he subsequently translated.

In the monograph published by Dr. Glenard on the subject, he mentions the fact that Dr. Brand had placed at the head of his book these words: "Since the time of Hippocrates we have known the efficacy of water, more or less cold, in the treatment of some of the symptoms of typhoid fever (*des symptômes isolés du processus typhique*), but the methodical use of

cold water during the entire period of the disease dates only from Currie, who may be said to be the originator of the treatment."

The theory of this treatment seems to be based upon the effects obtained from the application of hydrotherapeutics in such a manner as to maintain the pyrexia nearly uniform during the progress of the disease. If the baths are cold enough and sufficiently prolonged to lower the temperature of the patient from two to four degrees Fahrenheit, this condition will, according to Dr. Glenard, continue at least an hour after the bath, and as the rise in temperature, after it has once begun, takes place very slowly, the patient will present during two hours or even a longer time a temperature between ninety-nine and one hundred degrees Fahrenheit—that is to say, nearly normal.

"That which impresses me most," says Dr. Brand, "is the absence of typhoid symptoms when the morbid process of the disease is treated by cold water from the commencement, the dispersion of the symptoms if they are already manifest, and their reappearance as soon as the hydro-pathic measures are suspended."

"After this," he goes on to say, "may we not naturally infer that a certain analogy exists between the typhoid process and that of fermentation? If we mix at about a temperature of about sixty degrees Fahrenheit a solution of barley with a quantity of yeast, there will be developed, with great activity and an elevation of temperature reaching ninety-five degrees Fahrenheit, a fermentation which produces alcohol within three or four days. In this way a temperature is maintained at ninety-five degrees or more, but, by the application of cold to the mixture, fermentation is arrested and the formation of alcohol is reduced to zero; but remove the cold and in a few days the ferment-

tation will reappear, the temperature become elevated as before, and alcohol will again be disengaged in as great a quantity as ever."

The process of fermentation and that of the development of typhoid fever are thus compared by Brand, one with another. This action, he maintains, tends to prove that temperature plays at least a part, perhaps a preponderating part, in the development of the disease. When the temperature is very elevated it favors the production of the morbid agent which constitutes the malady, and it is therefore necessary from the commencement to arrest or destroy the morbid entity in such a manner as to prevent that elevation of temperature necessary to the formation of the typhoid product.

This assumed theory, Dr. Glenard contends, has been verified by practical experience. In his first paper on the subject Glenard, in order not to enter into a monotonous enumeration, groups isolated observations, which he calls "typical observations," but it is unnecessary to enumerate these in detail. It is only necessary to give an idea of the method recommended, which is briefly as follows: Take the temperature of the patient every three hours and give a bath of sixty-eight degrees Fahrenheit, fifteen minutes duration, day and night whenever the temperature of the body reaches 101 degrees Fahrenheit.

After a certain number of these baths all the symptoms change. There is a morbid appetite, which should be restrained within reasonable bounds. This symptom appears almost without exception on the third or fourth day, and continues to the end of the disease.

The thermometer always gives the principal indications. The least change of temperature, whether it be due to an over-abundance of nourishment or to the progress of the disease, should be combatted by diligently employing the

baths. The method is the same in asthenic as in sthenic cases.

It is not claimed by the advocates of the method that it will cut short the disease, the duration of which is usually from eighteen to twenty days, with a period of convalescence reckoned at twelve days. The number of baths varies from fifteen to two hundred, according to the severity of the case. In 1,411 cases treated according to this method by different physicians, Dr. Brand reports a mortality of 4.7 per cent., and, on investigating the causes of even this small mortality, he thinks himself justified in saying that it was owing to the fact that the patients were not subjected to treatment for seven days after the beginning of the disease, and that the method was not vigorously applied.

In the conclusion of his paper Dr. Glenard makes the following extraordinary statement, which, but for his high reputation as a physician and character as a gentleman, one might be inclined to doubt: "We find," says he "that in 170 cases treated by Brand up to 1868 there were 170 recoveries, in 89 cases treated in 1870-71 at Stettin, under my own personal observation, there were 89 recoveries; in twelve patients treated in Saint-Pothin ward there were *twelve* recoveries; of two cases treated in Saint-Irene ward by Dr. Soulier *two* recovered."

Dr. Glenard has published a second monograph, entitled: "Treatment of Typhoid Fever by Cold Baths at Lyons, from July, 1873, to January, 1874," in which occurs the following statement: "In fifty five observations there were *fifty-five* successes." In 1881 he published a third edition, entitled "The Antipyretic Value of Phenic Acid in the Treatment of Typhoid Fever—Phenic Acid or Cold Baths? The System of Treatment by Cold Baths in Military Hospitals," which contains statements no less astonishing than those embraced in his first publications.

We know that the lowering of the temperature in the human body can be attained by other means than cold baths, and phenic acid is much used by French physicians for this purpose. The virtues of this agent as an antipyretic have



been extolled by Professor Desplats, of Lille, in a paper entitled, "Notes on the Employment of Phenic Acid," by Dr. Maurice Raynaud and M. Van Oye, a pupil of Desplats; and also by Dr. Claudot, Chief Physician at the Military Hospital of La Charité, in a treatise "On the Antipyretic Action of Phenic Acid Lavements." This treatise, prepared with great care, is of extreme interest. It attributes the refrigerating action to the absorption of the phenic acid; to its direct influence upon the causes of the "*processus febrilis*," through the medium of the nervous system, and especially the spinal marrow. The reduction of temperature, it is stated, will only occur with the sick. In a healthy man the temperature remains stationary, under the influence of the acid, given to the extent of from fifteen to sixty grains a day.

"If we wish to epitomize," says Dr. Glenard, "the therapeutic effects of phenic acid in sedative doses in the treatment of typhoid fever, we must agree with Dr. Claudot that it acts favorably in certain stages of the disease, with this exception—that its effects are negative in the ataxic form of the disease and in cases of excessive heat or obstinacy, in which the author invariably resorts to refrigerating lotions or cold baths." He thinks the acid is effective only in the adynamic form of the disease, with persistent tendency to collapse.

Dr. Glenard having made these exceptions, Dr. Claudot takes occasion to condemn the method of Brand as chilling the patient too much, without the possibility of determining the fall of the temperature that one may wish to obtain; of giving only a temporary refrigeration; of exposing the patient to pulmonary complications and to the dangers of intestinal hemorrhage; of requiring frequent investigation of the temperature; of necessitating the presence of the physician and an excess of nurses. Finally, he says the action of the cold bath is primarily physical and subsequently physiological, whereas that of phenic acid is primarily physiological and directly curative.

It must be admitted that Dr. Claudot's criticism is more hypothetical than philo-

sophical, and Dr. Glenard, in discussing the question, maintains that the reduction of temperature determined by phenic acid is transient, uncertain or insufficient. "Were it real," he says, "it remains to be explained why, under its use, all those symptoms still persist which we see disappear as if by magic under the influence of the cold bath."

The method of Brand, he contends, is known, at least, to lessen most the mortality; for, from a mortality of 22 per cent. of 33,293 patients treated without cold water during a period of about fifty years (statistics of 1878), the mortality has fallen to 7.4 per cent. in 8,141 sick treated by cold water, under the direction of seventy-two physicians, during a period of ten years (1868-78).

Under the phenic acid treatment, Claudot admits a mortality of 11.6 per cent. in forty-three patients, and Desplats and Van Oye a mortality of 19.4 in thirty-six cases.

In 1878 M. Strube, Medical Director to the Prussian Minister of War, mentions, in one of his reports, the happy effects obtained from the employment of Brand's method, and cites the results in the hospitals of the military command at Stettin. In this command the method was applied with all the precautions recommended by Brand, and from the very beginning of the disease the cold baths were administered every three hours, so that the temperature was kept below 102 degrees Fahrenheit.

In the first year of the experiment, the rate of mortality in typhoid fever fell from 29.9 per cent. to 8 per cent. In 1877-78, sixty-six cases of the disease were treated, *without a single death*. In the Second Army Corps, where the cases were treated with cold water, the mortality fell to 3.7 per cent., while in a neighboring army corps (Thirteenth Corps) where the method of Brand was not applied, the mortality was 31.5 per cent. Dr. Strube concludes his report by declaring his belief that "were the treatment by cold baths general, the mortality in typhoid fever would be reduced to three per cent. in all the army corps; and it would not," he continues, "be a small satisfaction to see, in the annual number of three thousand cases of typhoid fever, instead of

600 or 700 deaths per annum only 90 deaths. As a consequence, there would be saved annually to the army a battalion, and every three years a regiment of soldiers."

In a report published in 1881, Dr. Abel, chief medical officer of one of the Pomeranian army corps, gives the result of three years' observation on the treatment of typhoid fever by Brand's method. He says: "At Stettin, at Stargard and at Stralsund, there was no mortality. There were, however, some deaths in the hospitals more remote. In the preceding years the mortality had been twenty-five per cent."

These results are really marvelous. Of course, they are obtained more readily in military hospitals because the physician sees the patients in the very beginning of the disease and has absolute control over them, which cannot always be the case in private practice or in civil hospitals.

In the French army statistics show that the habitual and average mortality from typhoid fever is from twenty to twenty-one per cent. It exceeds one-third of the general mortality of the army. There is an average of three deaths from typhoid fever in every thousand present. The evil is still more aggravated by the recruiting law of 1872, which augments the proportion of young conscripts predisposed, by their age and their new condition of life, to receive the germs of the disease. Dr. Glenard, in going over the medical statistics of the army and other official documents, is profoundly astonished to find an average of 35.5 deaths in every hundred cases of typhoid fever during five years—from 1872 to 1877. This average surpasses by nearly eighteen per cent. that of the statistics of private practice.

The figures given by Glenard show that in the French army there are 4,000 cases and 1,500 deaths from typhoid fever annually.\* This great mortality has naturally stimulated research, especially among army surgeons. Liebermann has tried the therapeutic effect of fruit in the disease, but without satisfactory results. Pechand has used the cold baths with

satisfaction, but Longuet, Claudot, and, it is proper to say, a majority of the physicians of France, both civil and military, have not yet confidence in the method of Brand.

The future will show if truth is on the side of those who endeavor to obtain a diminution of temperature by cold water or those who use other agents for that purpose, such as phenic acid. In the meantime the expectant method is that which is most adhered to in France. Glenard has brought to the attention of the Academy of Medicine not only his personal views on the subject, but also a kind of professional faith from the medical faculty of Lyons. He has been authorized to make known to the Academy the fact that the physicians of Lyons admit these principles:

1st. That the method of treatment which exercises the most favorable influence over the progress and issue of typhoid fever is that which, taking into consideration the morbid elevation of temperature and the adynamic tendency of the disease, has for its object refrigeration by cold water and proper alimentation from the beginning to the end of the disease.

2d. That the therapeutic proceeding which responds most effectually to the indication for cold during the continuance of the malady is that which consists in administering cold baths and using cold compresses or spongings in the interval of the baths.

The baths should be regulated according to the degree of refrigeration observed after each bath. This practice shows that in a large majority of cases baths of fifteen minutes duration at 68 degrees Fahrenheit, every three hours day and night, so that the regular temperature of the patient is maintained at or below 102 degrees Fahrenheit, is sufficient to fulfil the indication.

3d. That the application of this therapeutic principle gives results the more remarkable, as the case is treated more methodically, and, above all, at a period nearer to its commencement. The fever under the cold water treatment progresses favorably throughout its course, convalescence is considerably abridged and the return to health is complete.

\*The effective strength of the French army is 502,866; that of the German army 419,250.



Complications are rare under this treatment, and no other special mode of treatment is required. There are no bad consequences, direct or remote, which can be imputed to it.

4th. That even when one does not apply this treatment for some time after the commencement of the disease, it nevertheless acts not only in preventing complications, but in combatting them; and the results, although contingent, are still superior to those obtained by any other method of treatment.

That the hospital physicians of Lyons, almost without exception, have declared themselves partizans of the method of Brand in the treatment of typhoid fever, with the conviction that this method, regularly applied, especially at the commencement of the disease, lowers considerably the rate of mortality. They attest that they apply it in their hospital service, in their private practice and in their families.

The reply of the Academy of Medicine to this communication, thus far, has been only in the form of submitting it to a special committee. This committee is composed of M.M. Moutard-Martin, Legouest, Villemin, Leon Colin, Rochard and Peter. It is charged to examine the report of Glenard and report to the Academy the conclusions arrived at in reference to the method of Brand in the treatment of typhoid fever and the influence upon the rate of mortality.

C. W. C.

BALTIMORE COLLEGE OF DENTAL SURGERY.—The forty-third annual commencement was held at Ford's Opera House on the 8th inst. Prof. R. B. Winder, Dean, conferred the degree of *Doctor of Dental Surgery* upon 36 graduates. The prizes were conferred upon Geo. J. Ford, of Ga.; G. B. Patrick, of S. C.; Thos. O. Hills, Jr., D. C., S. P. Hilliard, of N. C., and A. J. Bercier, of La. Rev. Wm. H. McAllister delivered the address, and Louis H. Rambo, the class valedictory. Dr. John Allen, of New York, was elected President of the Alumni Association.

## SOCIETY REPORTS.

### PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

MEETING HELD JANUARY 17, 1883.

(Specially reported for Maryland Med. Journ.)

The Society met, with the President, Dr. A. F. A. King in the chair, Dr. T. E. McArdle, Secretary.

Dr. W. W. Johnston read some notes on a case of CHRONIC COLITIS, ULCERATION, HEPATIC ABSCESS, PERFORATION OF THE COLON, PERITONITIS, DEATH, and presented the specimen obtained at the autopsy.

The following is an abstract:

E. B., aged thirty-seven years, nativity France, duration of residence in America eighteen years, and occupation restaurant-keeper. His history previous to the beginning of this illness is good, habits always moderately temperate, weight 213 pounds, height about five feet ten inches.

He commenced to suffer from diarrhœa in June, 1882, which he attributed to over-indulgence in fruit. The movements numbered twenty to thirty in the twenty-four hours; were thin, and contained mucus and blood. Appetite failed, he lost flesh and strength, but continued to attend to his occupation. He remained in this condition, receiving no treatment other than domestic remedies until the latter part of October. He was then ordered to bed, placed upon a milk diet, and given a pill of opium and nitrate of silver. The stools were abundant and contained flakes of blood. Under this treatment the number of operations in the twenty-four hours was reduced to six or eight.

Several weeks later the pills were discontinued, and copious rectal injections of a solution of nitrate of silver were directed to be given morning and night. These were administered either in Sims' or the knee-elbow position.

The result was very satisfactory, the diarrhœa being controlled in a few days. The enemata always brought away feculent matter, and the occasional stools, passed between the administration of these, were well formed and natural.

Later, as his appetite returned, some semi solid and easily digested foods were allowed. His strength remained impaired, and he showed no disposition to leave his bed.

In the early part of December he suffered for several days with fever, which then intermitted, and from that time continued to recur at irregular intervals, preceded or not by chilly sensations, and accompanied with heavy sweats. Sweating proved a very annoying and constant feature of the disease.

For several days he suffered with severe pain in the hepatic region. On Sunday, December 17, the liver was explored in different directions with an aspirator needle, but no pus was withdrawn. Some œdema of both feet appeared. Saturday, December 30, at 10 P. M., he was seized with a severe pain in his abdomen, from which he suffered acutely all night. He slept none, and could not lie upon his right side without an aggravation of pain. Died at 9:30 A. M. the next morning.

Autopsy held thirty-three hours after death. Present, Drs. Cook, Nickolson and Fry. Body well nourished. Rigor mortis marked. The abdominal cavity was opened by a crucial incision, the first extending from the ensiform cartilage to the pubes, and intersected at its middle by a second transverse incision. Subcutaneous fat about one inch thick. On cutting through the peritoneum, fluid ran out from the dependent portions of the incisions, and about one pint and a half of clear serum was found in that cavity. The right third of the omentum was highly congested.

Liver—Size and position normal.

On removing the organ from the body, it was found to be congested, and some pus oozed from a small opening on its under posterior surface to the right of the median line. This opening, which was made with the scalpel, communicated with an abscess containing about four ounces of pus and broken down hepatic tissue. It was situated on the left side and under surface of the right lobe posteriorly and immediately in front of the inferior vena cava. The position of the abscess doubtless caused the œdema of the feet by pressure on the cava.

Kidneys—Normal except congested.

Colon—The entire length of the large gut was removed, and on filling it with water, for the purpose of cleaning, a cyst-like pouch, as large as a walnut, swelled up on one side about eight inches from the cæcum. This was due to an escape of fluid into the tissue surrounding the bowels, making its way through a perforation at the side of a large ulcer on the inner side. Ulcers situated in the transverse colon involved the entire thickness of the mucous and muscular layers of the bowels. The mucous membrane of the entire colon, but especially that of the transverse and descending portions, presented a dark, slate-colored appearance.

The President, *Dr. King*, then read a paper on the CONSERVATIVE FUNCTION OF ACUTE ARTICULAR RHEUMATISM, in which he maintained that the joint inflammation was secondary to the heart inflammation, the latter being the primary lesion in all cases. Hence the joint inflammation, by necessitating rest, gave the best chance for the more important organ of circulation to recover, and thus contributed to prolong life. It was impossible to *hear* the beginnings of heart disease. When *audible murmurs* were produced, they resulted from late stages; in fact, terminations of endocardial inflammation. By curing the heart affection, the joint disease immediately disappears, as *Dr. King* illustrated by calling attention to the cases recently reported by *Dr. Haskins*, of London, in which severe articular rheumatism disappeared in a few hours after the application of a blister over the heart.

*Dr. C. E. Hagner* asked whether *Dr. King* considered disease of the heart the original or primary disease, or whether the heart affection was the consequence of a diseased condition of the blood?

*Dr. King* did not believe in a diseased condition of the blood as the cause of rheumatism. In reply to a question by *Dr. Garnett*, he stated his theory was that in acute articular rheumatism the heart was always affected in a greater or less degree, and that the articular inflammation which supervened was a conservative process of nature that enforced bodily rest, thereby relieving the heart of



labor, and prolonging or saving life by allowing the heart to regain through rest its normal condition.

Dr. Garnett did not agree with Dr. King's doctrine of conservatism in this case. His attention had been drawn to this subject several years ago by an article in the London *Lancet*, the writer of which took the same ground as Dr. King, and he (Dr. Garnett, being at that time clinical lecturer in the National Medical College, had paid particular attention to this subject, and had satisfied himself that the theory was incorrect, many cases of articular rheumatism occurring when there was no evidence of heart affection. On the other hand, as was well shown by Da. Costa and others, purely functional derangement of the heart's action would in many cases result in acute endocarditis, which was in no case followed by articular rheumatism. Rheumatic inflammation elected the white fibrous tissue, and thus we had not only endocarditis, but rheumatic bronchitis as well.

Dr. Lamb said that following scarlatina we frequently have endocarditis and joint affection, due, undoubtedly, to blood poisoning. So also in pyæmia we had inflammation of the joints, due to blood poisoning. We also have gonorrhœal rheumatism. It seemed more probable that in all cases of acute rheumatism all the serous membranes were attacked more or less at the same time, and that this was due to blood poisoning seemed to him the most natural explanation.

Dr. W. W. Johnston thought a very important point made in Dr. King's paper was that the heart affection might be so slight as to remain undetected; or even if considerable, there might be no symptom sufficiently marked to call attention to the heart. As a case in point he related the history of a little boy, a patient of his, who complained of pain in his wrist, but was kept at school for two weeks, when he became so sick that he was put to bed, and the doctor was sent for. He found decided endocardial murmur, indicating an amount of damage which was not likely to be remedied. This sad case showed the importance of attending to the pains and complaints of children. A child with a pain or ache

anywhere should not be kept at school. A child complaining of headache should not be allowed to continue its studies, but should be kept quiet and at rest until every symptom of disorder had disappeared. In addition to what Dr. Lamb had said in regard to rheumatism being a blood disease, Dr. Johnston considered it constitutional and hereditary. There was frequently in articular rheumatism coexistent inflammation of the brain or rheumatic meningitis which could hardly be considered a conservative process, as the brain was as important as the heart. Dr. King's theory does not cover a majority of the cases of rheumatism, and is, therefore, incorrect. Chronic rheumatism is not accompanied by cardiac disease. Salicylic acid cures the joint affection, but does not relieve heart symptoms. If Dr. King's theory were correct, salicylic acid should not be given in acute articular rheumatism, as by relieving the joint affection it would increase the heart trouble. Atheromatous endocarditis, where there is no joint complication, also goes to show that this theory is untenable.

Dr. King said at first glance these arguments might appear to disprove his theory, but upon more careful examination he did not think they would do so. The case of the little boy related by Dr. Johnston supported the position taken by him. In that case the heart was evidently the first point of attack, then the joint. Had the joint affection been more severe, so as to enforce rest, the result in this case might have been different. On the other hand it might appear as though the joint disease was out of proportion to the heart disease, which might be slight, but we must recollect that a conservative power of nature interfered with might give the most disastrous results. The practical point to which he wished to call attention was that in all cases of acute articular rheumatism the remedial measures should be directed to the relief of the heart.

Dr. Ashford thought Dr. King's argument did not meet the point made by Dr. Johnston, that the disease is in the blood, as shown by atheromatous degeneration of the arteries, the deposit being in the intima of the vessels, the veins

never being atheromatous, and where there is not a free circulation of blood there is no atheromatous deposit.

Dr. Prentiss said it was more satisfactory to look upon the endocarditis and the inflammation of the joint as coincident—as progressing together—running a regular course as constitutional diseases do, and not cured by the relief of the heart symptoms. Dr. Garnett's remarks were fatal to Dr. King's theory. In regard to salicylic acid, it is said to increase the heart complications; but he had not noticed that effect in his own practice. The alkaline treatment reduced the percentage of heart disease in rheumatism from about forty or fifty to ten or fifteen per cent. The weak point in Dr. King's paper is the necessity of conceding disease of the heart without evidence, and that rheumatism never occurs without the heart complication.

Dr. King said it was impossible to discuss this subject knowingly until the cause of the disease is known beyond a conjecture. It is not enough to say that the disease is a blood disease or a constitutional disease. There is nothing definite in the term. The primary cause of the disease is just as likely, if not most likely, to be found in some derangement of the nerve centres. He wished it distinctly understood that he did not state that the endocarditis was the cause of the rheumatic inflammation, but that in all cases of rheumatic inflammation endocarditis preceded the joint affection, and as to how far this joint affection was conservative or protective to the heart, or curative in its action, or how far it fell short of conservatism in one case, or how far it seemingly overstept the bounds of protective action in another could not be fully estimated until all influences bearing upon the subject, such as climate, individual habits, heredity, and the modifying effects of other diseases could be understood in all their bearings upon each individual case.

PROF. KARL LUDWIG VON SIGMUND, the eminent syphilographer of Vienna, has just died at Padua, Italy, at the age of seventy-two.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 2, 1883.

(Specially reported for Maryland Med. Journal.)

The Society met at the usual hour, DR. SAMUEL THEOBALD, President, in the Chair.

NASAL OBSTRUCTION.—*Dr. J. D. Arnold* desired to call the attention of the society to several interesting forms of nasal obstruction as represented by a patient and specimens which he exhibited. This patient, a robust, healthy man, 28 years old, had stenosis of the left naris since early youth; in fact, he cannot remember that it was even useful as a *breathing passage*. Saw him for the first time about three weeks ago. The closure was complete, with the exception of a minute opening at the external angle into which a very fine probe could be passed for a short distance, but which gave no passage to air or secretion. The obstruction consisted chiefly of an abnormal development of the columnar cartilage, which pressed upon the left wing of the nose and gave it the appearance of being distended by some foreign body within the nostril. Just within the opening was a broad, dense mass of cicatricial tissue, evidently the result of an unsuccessful attempt to relieve the obstruction with the cautery. On the right side there was no corresponding concavity of the septum. The operation was done on February 8. The cicatrix was destroyed with the galvano-cautery, and a large triangular piece of the cartilage removed with the knife. A pyramidal shaped bone plug about one inch long and half an inch broad at the base was fitted into the opening and allowed to remain for three days and nights, being removed only twice during that time to permit thorough syringing with a strong solution of acid. carbol. For the first ten days, considerable difficulty was experienced in preventing *scabbing* over the denuded surface of the septum; this yielded, however, to a liberal use of vaseline, and for the last week the naris has remained continuously patulous. The result, as you see, is a perfect restoration of the passage to its function; and the voice



which had been painfully nasal, is now full and sonorous.

Dr. Arnold also exhibited specimens from two cases of posterior nasal obstruction. The one a large mass of adenoid vegetations from the vault of the pharynx; the other a polypoid hypertrophy of the inferior turbinated bones, removed with an ordinary Blake's snare. Dr. A. said, in concluding, that he hoped practitioners would recognize the now clearly established fact, that the only radical treatment for chronic hypertrophic nasal catarrh is the operative method.

**A NEW INSTRUMENT AND A NEW METHOD FOR INTRA-CAPSULAR CATARACT EXTRACTION.** — *Dr. Bermann* read a paper on this subject. He began by stating that the ideal operation for cataract is one which will permit the removal of the lens, with capsule intact, without injury to the iris and without escape of the vitreous. To meet this desideratum, a spoon-shaped instrument, modified according to the views of various operators, has usually been employed. This instrument is introduced behind the lens, which is then drawn forward through the incision. The disadvantages of this method are occasional irritation of the ciliary body, or loss of vitreous, the increased size of the incision required, liability to injury of iris while the lens is being withdrawn through it. To avoid these disadvantages, Dr. Bermann had invented an instrument (modeled upon Blake's polypus forceps), and consisting of a handle similar to that of eye instruments generally, to which is attached a piece of pure silver flexible wire. The distal end of the handle terminates in a small steel or platina tube; the wire passes through this tube and emerges from the end of it, forming a loop. The wire is fastened to a sliding button on the handle, by the movement of which the loop is tightened around the lens.

The preliminary corneal incision must be large enough to admit the loop easily. The loop is introduced horizontally and then so held, that one limb of it passes behind the lens, the other in front of the lens. By now moving the loop the attachments of the lens are separated. By tightening the loop the lens is seized in it and withdrawn within its capsule.

Dr. Bermann had not yet had an opportunity to use his instrument upon the human eye, but from repeated trials upon the pig's eye was led to the belief that it was quite feasible. In the latter case the difficulties, such as the impossibility of getting the eyes fresh, the relatively larger size of the lens in this animal, the loss of the assistance afforded by atropine, etc., seem to be much greater than in the former, and whilst the pupil will contract some on making the corneal incision, there is still room enough left for the withdrawal of the lens without danger.

Dr. Bermann claimed for the proposed method the advantage of a smaller-sized incision, ease and safety in separation and removal of lens, and quickness of operation. It is not necessary to wait, as is usually the case in the ordinary operation, for the maturation of the cataract, by which the patient, generally a person advanced in life, is deprived for months, perhaps, of his sight. In case of a very large cataract, the lens might be cut in half and the halves removed separately, but this would probably seldom prove necessary.

*Dr. Friedenwald* remarked that the removal of the lens intact in pigs' eyes is very easy; his students had seldom ruptured the lens capsule in practicing the operation. Operators prefer removing lens and capsule intact, without resort to operative interference by spoons, etc., and it is only where they fail to do this that they seek the aid of such means. The following theoretical objections to the proposed operation suggest themselves: As soon as the anterior chamber is entered the iris will contract violently, rendering it extremely difficult to place the instrument in proper position; it will render liable laceration of the capsule and consequent failure of the operation. It should always be an object not to enter the eyeball, unless compelled to do so.

*Dr. Bermann* said that his experience in regard to the relative difficulty in removing the lens in pigs' eyes and in human eyes was quite different from that of the last speaker; the suspensory ligament is much harder to rupture in the pig. He acknowledged the liability to ruptured capsule. The difficulty in op-

erating upon the pigs' eyes is to procure the organs in a fresh state, a very slight delay being sufficient to render the cornea opaque and prevent the lens from being seen.

*Dr. Friedenwald* said he had employed very fresh eyes. He had twice removed the lens entire in the human eye, to be sure in both cases unintentionally. One case was that of an old gentleman, æt. 89, in whom the lens escaped during the efforts consequent upon the inhalation of chloroform. In the second case, where he thought he had ruptured the capsule, the lens escaped in its capsule with little pressure. Both cases did well.

*Dr. H. Woods* had seen a case to day at the Presbyterian Eye and Ear Hospital in which during the performance of the operation of extracting a cataract, the lens came out entire.

CYSTIC DEGENERATION OF CHORION.  
—*Dr. W. P. Chunn* read the report of the case (which appears elsewhere in this issue.—Eds.)

*Dr. Ashby* agreed with *Dr. Chunn* as to the diagnostic value of the rapid enlargement of the uterus. He thought the fatal result might have been due to rupture of the uterus from atrophy of its walls, and quoted Barnes and Graily Hewitt in support of this view.

*Dr. Erich* thought the statement of the patient as to her previous history was open to doubt. In cases of possible pregnancy we should trust to the woman as little as possible. The diagnosis may be assisted by the use of the thermometer; if the bulb of the thermometer be introduced into the cervix of a pregnant woman and then into the rectum, it will be found that the temperature in the former place will be about  $1^{\circ}$  higher than in the latter. If the fœtus be dead, or if the patient have general fever, this expedient is not available; but with these exceptions, we can resort to it with confidence. The proper treatment would have been to empty the uterus without delay. In reply to *Dr. Winslow*, *Dr. Erich* said he had never known any symptoms of abortion to be set up from the introduction of the bulb of the thermometer into the cervix as recommended.

*Dr. Browne* also had confidence in this diagnostic test, having never found it to fail, but he applies one thermometer

in the cervix, another in the mouth; there is a difference in the temperature of the two cavities of from  $1^{\circ}$  to  $2^{\circ}$ . There is one case in which the hardness of the cervix referred to by *Dr. Chunn* may co-exist with pregnancy and that is where there is extra-uterine pregnancy.

*Dr. Ashby* said there was a difference of opinion as to the diagnostic value of the thermometer as recommended, some authors asserting that menstruation will produce the same elevation of temperature as noted in pregnancy.

*Dr. Chunn* said there was great constitutional distress in his patient—ano-  
rexia, swollen ankles, rapid pulse—in fact a septicæmic condition. He felt pretty sure there was no pregnancy present. The uterus was the size of a foetal head, and yet the cervix was of the natural hardness of the unimpregnated organ. The cases referred to by *Dr. Ashby* were old cases, whereas this one was recent.

*Dr. Erich* said hardness of cervix was not an infallible evidence of the absence of pregnancy.

*Dr. Geo. B. Reynolds* had met with a case of a German woman suffering with symptoms resembling peritonitis. There was a large tumor in the region of the uterus, the os was patulous and there was uterine hemorrhage. The question of pregnancy arose, but was soon settled by the patient's passing a large mass of small cysts—enough to fill a gallon measure.

*Dr. Atkinson* suggested that there was a source of fallacy in the comparison of the temperature of the mouth and uterus since a considerable difference of temperature existed normally between the mouth and internal parts.

CLINICAL RESEARCHES UPON THE VALUE OF IODINE IN MALARIA.—The results of an experimental trial of the value of iodine in malarial fevers, made last summer and fall at Bayview Asylum by Drs. I. E. Atkinson, Visiting Physician, and Hiram Woods, of the Resident Staff, was the subject of an elaborate paper read by the latter gentleman. The opportunities for fairly testing the merits of the drug were most favorable, for the patients could be closely watched throughout the course of the fever, the action of the medicine could be closely studied, any complications which might arise in



its use could be observed, and all regulations as to diet, occupation, etc., could be rigorously enforced. The cases came chiefly from the canning establishments in Harford County. Most of the cases were quotidian or tertian intermittents; a few had remittent fever. The dose in which the iodine was usually commenced was thirty drops of the officinal tinct., well diluted, four times daily. This was continued for five days unless some complication compelled a different course. In only twenty six of the seventy six patients treated was any benefit seen from the use of the agent, and ten of these cases suffered relapse. With two or three exceptions, the cases in which iodine seemed to effect a cure were of a very mild character, or were only manifestations of chronic malaria which would have gotten well without any treatment. In six cases the iodine had to be discontinued on account of the intolerable nausea it caused. Albuminuria was found in four cases. In forty cases which took iodine for five days, there was no benefit apparent. All the cases where the iodine failed, were, with two exceptions, cured by Peruvian bark.

*Dr. Sadtler* said that the use of iodine in malaria, the favorable results of which, during the year 1881, had been reported in this society last year by *Dr. Morison*. had been continued at the University Dispensary during 1882, but the remedy had failed. He thought the alternation suggested the possibility of a difference in type of the disease at different periods and hence intended to continue the use of the agent during the present year in order to ascertain if there was any ground for such an assumption.

After the announcement that *Dr. Rohe* would open the discussion at the next meeting, the society adjourned.

### EDITORIAL.

THE RESPONSIBILITY OF MIDWIVES.  
—A case of remarkable interest, as showing the responsibility of midwives, recently came on for trial at the Leeds Assizes, Corporation Sheffield, England. The defendant, a midwife, Martha Schofield by name, was found guilty of having inflicted

grievous bodily harm on various women by having attended them in their confinement when she had on the forefinger of her right hand a sore which she knew was syphilitic. The indictment against the prisoner presented five separate accounts. The first three counts were to the effect that defendant did "unlawfully and maliciously inflict grievous bodily harm" on three complainants called as witnesses by the prosecution. The fourth and fifth counts recited that the defendant, while carrying on the trade of a midwife, "became infected with a certain contagious, infectious and dangerous disease called syphilis," and that well knowing this and "that it would be dangerous for her to carry on the said trade and business while so infected," and "that she might, and probably would, infect with the said disease any woman whom she might deliver in the ordinary course," and "that the life of any such woman might thereby be endangered," did on certain dates specified deliver Mrs. A., and did thereby infect her.

The prosecution brought forward the cases of three persons infected by the prisoner, two being married women, and the third an infant.

The prisoner set up the following defence: First, it was admitted that the witnesses were infected by the midwife, but it was contended that she did not realize her dangerous state; second, it was contended that the indictment was faulty; third, it was suggested that there was animus on the part of *Dr. Hime*, the prosecutor, and that he and the other medical witnesses were jealous of the prisoner.

The judge, in summing up the evidence to the jury, stated that it was unlawful to communicate syphilis, and it was malicious if it was done with a knowledge of the probable consequences. It was not necessary to have deliberate or personal spite. If a person had knowledge that any act of his would be likely to cause injury,

then if he performed that act with the full knowledge that it was likely to injure his neighbor, he would be doing it maliciously. He requested the jury to find their verdict on all the counts of the indictments. The jury returned the following verdict: "We find the prisoner guilty of conveying the disease to the persons represented by the prosecution." The prisoner was sentenced to twelve months' imprisonment with hard labor.

It will hardly be claimed that the punishment was too severe, for it was shown that she had been cautioned not to follow the business by a physician who had examined and treated her finger. The evidence was conclusive that she was engaged in examining patients with a finger known to be affected with a syphilitic sore. The only extenuating circumstance was that "she displayed a great amount of ignorance in the matter."

The conclusion of this trial in the manner related is a subject for sincere congratulation. There can be no doubt as to the vast amount of criminal carelessness in midwifery practice, growing out of uncleanness, inattention and recklessness in examining and attending patients. The communication of disease by the physician to the lying-in patient is a stain upon midwifery practice. It is about time that some grave responsibility should be attached to the individual who thus criminally becomes the medium of inoculating others. It is to be hoped that the example made of the unfortunate midwife of Sheffield will take a wider range of application, and sooner or later reach the more intelligent but equally careless practitioners.

ATTENDANCE IN THE MEDICAL SCHOOLS.—There is one source of fallacy in estimating the requirements exacted of medical students, at least in this country, which may place our system of education upon even a

lower plane than it now occupies. It is not sufficient to know that a school has a session of five months, or of six, or even seven and a half months; nor may we feel complete assurance in learning that students must enter within the first month of the session in order to obtain credit for that session. What means are employed for ascertaining the presence of students at the lectures? Almost none. For aught the lecturer knows it would be possible for a student to absent himself from almost the entire course without its being noticed. Take a first-course student, or even a second-course one in many cases, how can the teacher know whether he attends any of his lectures? No roll is called. Is he to know by face each one of the class, and to be able to say, from day to day, that fifty, or a hundred, or several hundred students attend regularly his instructions. Such a thing is utterly out of the question, and therefore we must confess that a student may matriculate and attend as few or many lectures as he chooses.

The only way in which this source of evil is to be rectified, as far as we can see, is by calling a roll of the students, not necessarily at every lecture—which, in the case of a class of several hundred would occupy too much time—but at least occasionally—say once a week—and at irregular times, so that they could not anticipate. At the close of a lecture, then occasionally the roll of the students should be called—ten minutes, or even longer, would not be thrown away in doing so. There is but one institution in which this is done, as far as we are aware, and that is the University of Virginia, and this is but in accordance with the general thoroughness observed there.

In addition to this there should be a rigorous rule requiring the entrance of students within a specified time. In England this is a fortnight from



the commencement of the session; we would suggest for our American schools the first month. Deducting a half month for the examinations and resting spell, and a week for Christmas holidays, we have but three and a quarter months of teaching, which assuredly is little enough for the work to be done.

With these requirements faithfully carried out, we could feel some certainty that medical education was a reality, at least in the minimum dose in which even with such safeguards it would still be eked out.

### MISCELLANY.

LAWSON TAIT ON ABDOMINAL SECTION.—*Lawson Tait* contributes to the *British Med. Journ.*, Feb. 17, 1883, a paper entitled "An Account of Two Hundred and Eight Consecutive Cases of Abdominal Section Performed Between Nov. 1st, 1881, and Dec. 31st, 1882," in which he discusses his methods of operating and his results. He begins with a criticism of the nomenclature of "ovariotomy" and shows that this term has become an element of confusion. He says: "We have, then, the word ovariectomy limited in its application to the removal of an ovary, and the question arises shall it be confined to the removal of diseased ovaries or extended to include cases where the ovaries are removed for reasons which do not arise in any disease of their own tissues? No precise answer has been given upon this question." "All that has been done is to apply the word 'oöphorectomy' to an undefined class of cases, this word having clearly a different meaning in the mind of each person who uses it." Mr. Tait is inclined to throw overboard both words and wait patiently for a new and better nomenclature. He concludes that it is in surgery, as everywhere else, absolutely impossible to draw hard and fast lines of separation, and, therefore,

he adheres to what seems to be the only just line of record, to publish every case of abdominal section in its order of date. He shows that there is the widest possible difference of opinion as to the fundamental principles on which statistical tables are to be compiled, and that it is needless to compare the tables of one surgeon with those of another. The real lessons to be drawn are those based on the gradual progress of each surgeon through the whole of his practice; and, unless the whole be recorded, the material is absolutely worthless.

The cases included in the present series go over a period of fifteen months. Compared with a like period in his last series there is an increase of 50 per cent. in the number of cases; and the total mortality is 7.7 per cent. as against 8.2 per cent. of the preceding series. The number of exploratory incisions is 6.3 per cent. as against 8 per cent., and among these, as usual, there is no fatal case. The mere opening of the abdominal cavity is, in his experience, a proceeding as devoid of risk as any surgical operation can possibly be. Seven exploratory incisions were made to ascertain the correctness of the diagnosis of cancerous disease; and in two cancer was found where not previously expected.

There are eight incomplete operations in his list, with four deaths, corroborating his previous experience that incomplete operations have a very high mortality. Of cystic tumors of the ovary and parovarium, he has operated in all upon 76 cases, with 3 deaths, or a mortality of 3.6 per cent., the mortality in his last series being 3.49 per cent. He repeats his previous statement "that in experienced hands the removal of ovarian tumors ought to have a mortality not exceeding five or six per cent." In all of his cases death seemed to be unavoidable. One was a case of an enormous tumor, which had been tapped sixteen times; another was a similar case in a patient

aged 72; the third was 65 years of age.

Besides these 76 cases of what are generally known as "ovariotomies," there are two series, which include 36 cases without a death, which are as much ovariectomies for cystic disease as any of the previous 76.

They are cases of hydro- and pyosalpinx, cysts formed by the occlusion of the Fallopian tube by the infundibulum being glued on to the ovary or pelvic wall, or being closed on itself. Some of these cysts were as large as two or three pints. Adding these 36 cases to the 76, he has 112 cases of operation for cystoma, with three deaths, giving a total mortality of 2.6 per cent.

The class of cases in which relief is afforded to patients by the removal of an occluded and distended Fallopian tube, associated, perhaps, with cystic disease or chronic inflammation of the ovaries, he says, has received no recognition in his country outside of Birmingham. "There must be," he says, "hundreds of women suffering in this way in London, but I have as yet heard of no operation of the kind having been performed there." Mr. Tait says the first recognition of his work has come from America. He refers to the four cases recently reported by Thomas and adds: "The complete confirmation of my work by such an authority as Dr. Gaillard Thomas is all I can desire."

In this series he reports 26 cases of removal of uterine appendages for uterine hemorrhage with two deaths. This operation, he says, "has received complete confirmation, so that after ten years' fighting I feel that upon this point I have completely attained my object."

During the period embraced by the present list he has performed Battey's operation only one time; this was to produce the menopause in a case of menstrual epilepsy.

The question of Listerism, which has occupied a part of every paper he

has read on abdominal surgery, comes in for a few words of disapproval. Having tried it thoroughly and having seen it practised by many others for three years, he has entirely discarded it as a source of no safety in abdominal surgery, but even of considerable risk.

The series concludes with a list of 35 cases of various operations, with four deaths. Two of these deaths occurred in cases of hysterectomy, two out of ten cases giving a mortality of 20 per cent.—an immense advance on Mr. Wells' mortality as given in his recent book at 53 per cent. The other sections were made for the following conditions: Cholecystotomy for gall-stone, two cases; radical cure of hernia, one case; nephrectomy for hydatids, one case; nephrectomy, one case; cysts of unknown origin, one case; tumors of omentum, one case; pelvic abscess opened and drained, seven cases; chronic peritonitis, four cases; all recovered; for intestinal obstruction, one case, one death; and for solid tumors of ovary, three cases, one death.

The total number of cases reported, 208; deaths, 16; mortality, 7.7 per cent.

T. A. A.

COMMENCEMENT.—COLLEGE OF PHYSICIANS AND SURGEONS OF BALTIMORE.—The eleventh annual commencement of this institution took place on the 1st inst. at the Academy of Music. The degree of *Doctor of Medicine* was conferred by Prof. John S. Lynch upon 109 graduates. The address to the graduates was delivered by Prof. Richard Gundry, who at short notice supplied very acceptably the place of Hon. Daniel W. Voorhees, of Indiana, U. S. Senator, who was announced as the orator for the occasion.

The prizes were awarded as follows: First College and Cathell Prize, to W. R. Clark, of West Va.; Second College and Brown Memorial Prize, to Jas. A. Etheridge, Jr., A. M., of Georgia;



Third College and Howard Memorial Prize, to Geo. H. Strauss, of Md.; Fourth College Prize, to Joseph H. White, of Georgia; Fifth College Prize, to W. W. Leonard, of Ohio; Sixth College Prize, to Paul M. Carrington, of Georgia, N. M. McLean, of N. C., and J. R. Bemisdarfer, of Penna.

There were six students in the three-year graded course.

At the annual meeting of the Alumni Association, Dr. J. D. Blake, present member of the City Council, was elected President, and Dr. H. Boyd Wylie, Secretary. A resolution was adopted establishing an annual alumni prize of \$100 for the best thesis of an alumnus, the conferring of the prize being conditional upon the presentation of, at the least, *three* competing theses.

AN EPIDEMIC OF DIPHTHERIA FROM INFECTED MILK.—*Dr. Morell Mackenzie* has favored us with the following note of a severe but limited epidemic of diphtheria now raging at Hendon, which has been traced by himself and Dr. Cameron to the infection of the milk supply. Although in some previous epidemics a strong suspicion has been entertained that milk was the vehicle of the poison, the inquiries have generally been made so long after the occurrence that it has been difficult to arrive at any certain result. In this instance, however, the facts appear to be conclusive. Fifteen persons were attacked on a single day, the disease being in every case a typical example of what French writers call *diphthérite d'emblee*. All the patients received their milk from the vendor, and no other case occurred among the comparatively large population supplied by other dairymen. It has been discovered that the purveyor of the tainted milk washed his cans in water derived from a brook which contains a large amount of sewage matter. Indeed, up to the present time, the whole of the Church End district of

Hendon is drained by an open ditch into the Brent, and this ditch passes slightly above and in close proximity to the brook used by the dairyman in question. In the Tenterden Park district every household made use of the tainted milk except two. One of these families had cows of their own, and the other had thrown away the milk supplied to them the day before the outbreak began, because, it was thought, "it looked bad." These two were the only houses in the Tenterden Park district which altogether escaped infection.—*Brit. Med. Journ.*

"GOOD STANDING" OF MEDICAL COLLEGES.—According to the requirements of the Illinois State Board of Health, to be classed as "in good standing," a medical college must enforce the following conditions of admission to its lecture courses: Credible certificates of good moral standing. A diploma of graduation from a good literary and scientific college or high school, or, in default of such diploma, a thorough examination in mathematics, English composition, and elementary physics, the latter provision not to be insisted upon until after the close of the lecture sessions of 1882-'83. The following branches must be included in its courses of instruction: anatomy, physiology, chemistry, materia medica and therapeutics, the theory and practice of medicine, pathology, surgery, obstetrics and gynaecology, hygiene, and medical jurisprudence. Each regular session must be of not less than twenty weeks' duration. Attendance on two such courses, both of which shall not fall within the same year, must be required of candidates for graduation. It must enforce the regular attendance of its students during the entire lecture course, allowing only for absences occasioned by the student's sickness, such absences not to cover more than one-fifth of the course. Regular ex-

aminations, or "quizzes," must be made by each lecturer or professor daily, or at least twice a week. There must be final examinations on all the branches taught, to be conducted, when practicable, by other competent examiners than the professors. Each student must be required to have dissected during two courses, to have taken at least two terms of clinical and hospital instruction, and to have spent not less than three full years in professional study before graduation, including the time of instruction by a preceptor and that devoted to attendance upon lectures, clinics and hospitals. The college must show that it has a sufficient and competent corps of instructors, together with the necessary facilities for teaching, for dissection, for clinics, etc.—*N. Y. Medical Journal*.

A NEW DEPARTURE IN THE APPLICATION OF ELECTRICITY.—One of the most simple, useful and practicable applications of electricity which has yet been given to the public, is embodied in the new invention of the Portable Electric Light Company. The little machine which is now attracting so much deserved attention is a small electrical contrivance which performs the duties of lighter and a burglar alarm. As a lighter it can be arranged to produce instantaneous light throughout the house, and can also be attached to a medical galvanic coil by which a powerful current of electricity can be conveyed. The instrument is small and compact, occupying a space only five inches square, and can readily be carried from room to room, as it weighs but five pounds. In the second capacity when attached to window, safe or door, the unfailing current places the trespasser in a decidedly embarrassing position, confronting such a party with a startling bell and instant light. It is equally adapted for the ordinary uses of a call bell.

DIALYSED IRON.—*Dr. Prosser James, in Med. Times and Gazette, Dec. 1882, p. 659*, gives an article on dialysed iron, its use, administration and chemical preparation. For practical therapeutical uses we may say its production depends on the results obtained by the late Professor Graham in his researches on the diffusion of liquids. The liquid obtained by dialysis differs altogether from an ordinary solution of salts of iron, and the iron is at once precipitated by sulphuric acid, by alkalis and by many salts. Ordinary spring water will cause a precipitate; but no precipitate is produced by nitric, acetic, or hydrochloric acid, from which it is concluded that it will not be affected by the chlorides of the alimentary canal. For therapeutic use the persalts of iron should be employed when the astringent properties are indicated, and the protosalts or other milder preparations when no astringency is required. When small doses of the vegetable salts, or of reduced iron, are not well tolerated, we may rely upon dialysed iron. The average dose is from seven to fifteen drops twice daily. Dialysed iron deserves notice as an antidote to arsenic, being ready when wanted, and acting as rapidly as the old remedy of the moist peroxide. As to purity, if carefully prepared, the solution is quite neutral, has no astringency, and answers to the chemical characteristics stated.—*London Med. Record, Feb.*

THE MORBID ANATOMY OF EROSIONS OF THE CERVIX UTERI.—*Dr. J. Veit*, in a recent number of the *Zeitschrift fuer Geburtshulfe und Gynaekologie*, criticises Fischel's views upon the origin of cervical erosions. Fischel stated that in a certain percentage of women the mucous membrane, for a certain distance around the external os, had the same structure as the cervical mucous membrane, but was covered by pavement epithelium, and that when any



cause led to the shedding of this pavement epithelium, the eroded appearance resulted from the exposure of the cervical structure.

Veit, after studying the researches of Fischel, concludes that the cervical mucous membrane may become epidermis-like in structure by a direct change of cylinder into pavement epithelium. He holds that there is no shedding of a superficial layer of pavement epithelium, but that the latter structure becomes, over the eroded surface, directly changed into cylinder epithelium; the tissue infiltrated with inflammatory products, and beset with glands of new formation. The production of an erosion is a process having a certain analogy to inflammation, and does not depend, as Fischel would have it, on ectropion of the cervical mucous membrane. T. A. A.

**A COMPLICATED INJURY.**—In the *British Medical Journal* for January 20, 1883, an interesting case is reported in which the importance of neglecting no means that can possibly conduce to recovery is well shown. The patient, a young man, aged 29, fell, receiving a compound fracture of the femur. He did moderately well for a week, when his pulse and temperature began to run high. Twenty-five days after the injury carboloria made its appearance. Four days after this erysipelas came on around the wound. Two weeks after this, abscesses commenced to make their appearance in different parts of the body, and within a month five fluctuating points were discovered, and the right elbow joint was disorganized. Two months and a half after the reception of the accident, "as the patient was plainly running down from prolonged and profuse discharge," \* \* the limb was amputated above the middle third, the patient doing badly during the operation. Fifteen days after the amputation necrosis of that portion of the femur left was dis-

covered, and some weeks afterwards the dead bone was removed. The fragments consisted of the head, neck and all of the shaft left in the first operation. From this time all went well up to the date of discharge to the convalescent hospital, six months and a half after the injury, and the patient ultimately made a good recovery.

We congratulate the surgeon in charge of the case, Mr. Arthur E. Barker, on his perseverance as well as on the judgment he showed in his methods and time of operation, and also upon the good luck of having such material. Few of our usual, broken-down patients could have gone through what his patient did—a compound fracture of the femur and consequent shock, traumatic fever, erysipelas, pyæmia, amputation above the middle third and subsequent resection of the balance of the femur—and have lived, in our opinion. O. J. C.

**SUCCESSFUL SEQUESTROTOMY IN A YOUNG CHILD.**—On May 21, 1881, a boy, aged three, was admitted into Guy's Hospital, London, for necrosis of several bones, and placed under Mr. Bryant's care. The disease had followed an attack of scarlet fever. On June 3d, nearly the whole of the shaft of the right tibia, as well as the lower epiphysial end of the bone was removed. On July 30 "a greater part of the diaphysis of the (right) ulna" was taken away and the right clavicle. On June 1, 1882, the bones were perfectly sound and boy well.—*London Lancet*, Jan. 6, 1883. O. J. C.

**VACCINATION AMONG THE INSANE.**—In the last issue for 1882 of the *Journal of Nervous and Mental Diseases*, Dr. John Madigan states that the effect of vaccination on insanity are of four kinds. In some it has a beneficial influence, in others a disastrous one, whilst in others serious complications followed, and finally, in certain

cases, peculiar dermic phenomena were produced. The most marked influence was exerted on the various forms of melancholia, progressive paralysis, some cases of chronic intellectual insanity, and chronic mania with incoherence. In all cases where such influence was exercised, vaccination was followed by high fever and marked constitutional disturbance. There was a pretty general eruption resembling variola. On the fever subsiding, the patient, if a melancholiac, was much more cheerful, and delusions of persecution were occasionally in abeyance. One case permanently recovered, which exhibited no change previous to vaccination. The agitated melancholiacs were quiet and cheerful during the constitutional disturbance, but after it had passed away, all but two relapsed, these last finally recovering. The progressive paralytics were attacked by boils soon after recovering from vaccination, and were for a time rational, though the physical symptoms of the disease remained unchanged. The chronic intellectual maniacs were markedly quiet, and talked relatively rationally during the vaccination fever, and incoherent maniacs talked coherently during the fever, and then relapsed.

In a large number of cases vaccination exerted a decidedly unfavorable result. Delusions were found to be much more frequent. Among the progressive paralytics vaccinated, two had apoplectiform attacks, one hæmatoma auris, in one syphilitic the affection seemed to be made worse; ten had large abscesses to form at the seat of the vaccination; in one the hair turned unilaterally white, in four the toe-nails dropped off, and in a few others bullæ formed, which left large indolent ulcers.

Three atonic melancholiacs having deficient capillary circulation suffered from gangrene of the fingers and toes in consequence of the vaccination; two phthisical melancholiacs seemed

to be made worse, one acute melancholiac displayed transitory symptoms of diabetes.

The eruptions were varied; in some there was a tendency for the rash to appear in patches of two or three pustules, while in others the tendency was to follow the nerve courses. In some cases the former vaccination scars exhibited pustules, which began soon after, and ran the same course as the vaccine pustules.

[The editor has, during the winters of '81, '82-3, had the opportunity of observing the effects of vaccination in over 250 persons of unsound mind, the majority being cases of acute and chronic mania, a number, cases of acute and chronic melancholia in all its forms, some 20 of dementia, 28 of epilepsy, with mental alienation, and 11 idiots, but has never seen any of the effects for better or for worse that Dr. M. describes. Of progressive paralysis he has had but little opportunity to judge, since that disease is of extreme rarity among the patients in the City Asylum. The only accidents he has witnessed among the insane, are one case of diffuse cellulitis of the arm, one chronic ulcer over the seat of vaccination, and in one syphilitic the tissues sloughed nearly to the bone, looking as if a piece had been roughly punched out, the ulcer finally cicatrizing, where now, after the lapse of a year, there remains a deeply depressed scar. In two cases pustules have been observed upon the seat of former vaccinations, but in both of these the subjects were of sound mind. Of eruptions, or intense constitutional disturbance, there have been none, and in no one observation has any change in the mental state after vaccination been noticed. Finally phthisis in both sane and insane does not seem to be influenced either way by the slight constitutional disturbance attending vaccination.]



## MARYLAND COLLEGE OF PHARMACY.

—The close of the session at this institution was celebrated at the college building on Aisquith St., near Baltimore, on the 7th inst., by the Board of Trustees conferring the degree of *Doctor of Pharmacy* upon 30 graduates (out of a possible 38). The prizemen were Wm. Krauss, A. E. Schmidt and J. T. Valentine.

SOCIETY BULLETIN:—*Clin. Soc. of Md.* will meet Friday, March 16th, 8 P. M. Dr. Rohé on "Hints in regard to the Treatment of Parasitic Diseases of the Skin."—*Acad. of Med.* will meet Tuesday, March 20th, 8.30 P. M. Dr. W. C. Van Bibber on "Vaccination."—*Med. Ass'n.* will meet Monday, March 26th, 8.30 P. M. Dr. Christopher Johnston will open the discussion.—*Med. and Surg. Soc.* meets every Wednesday, 8.30 P. M.—*Obstet. and Gynecol. Sect., M. & C. F. of Md.*, will meet Friday, March 23rd, 8.45 P. M.—*Alumni Ass'n., Univ. of Md.*, will meet at Eutaw House, Thursday, March 15th, 8.30 P. M. Dr. N. S. Lincoln, of Washington, will deliver "annual oration."

## MEDICAL ITEMS.

Dr. R. B. Morison, of this city, who has spent the past year in Vienna, has gone to Prag to work up the syphilitic bacteria.—Dr. J. W. Howe, of New York city, has removed from the bladder of a boy, aged sixteen years, by abdominal incision, a calculus composed of oxalate of lime, phosphates of magnesium, ammonium and lime, which weighed 3.541 grains. The patient recovered.—At the recent commencement of the American Veterinary College, New York, twenty-two graduates received diplomas.—"Anthrax is endemic in some parts of Europe, particularly of Russia, Germany and France, and exists also in the United States. A conception of its extent may be derived from the

fact that in one Russian district alone there perished in 1867-70, fifty-six thousand domestic animals—horses, cows and sheep—and five hundred and twenty-eight human beings."—*W. T. Bellfield in Cartwright Lectures.*—Dr. Carl Langenbuch reports a successful extirpation of the gall-bladder in a man forty-years of age, who had been suffering for six years with repeated attacks of bilious colic. A T-shaped incision was made at the outer border of the rectus muscle, and the cystic duct was first ligated. The bile was then withdrawn by aspiration, and the gall-bladder removed. The patient steadily recovered, and in six weeks' time gained thirty pounds in weight.—The Tenth Census rates the total number of physicians and surgeons in the United States, in 1880, at 85,671, of whom 2,432 were women.—There are now over 2,000 German physicians in the United States, and the number yearly increasing.—Dr. Jennie McGowan, a female physician, has been elected president of the Scott County Medical Society, Iowa.—Koch has published his reply to Pasteur on the attenuation of virus.—The person upon whom M. Felizet performed gastrotomy five months ago on account of his having swallowed a spoon, has just died of peritonitis, which seemed to be connected with an abscess formed in the epigastric fistula.—The College of Physicians and Surgeons, of Baltimore, announces a spring course of lectures, to consist of clinical, laboratory and practical anatomical instruction, to commence March 15, and end June 15.—The Colvin mansion, 55 E. Baltimore street, has been purchased for the use of the Presbyterian Eye, Ear and Throat Charity Hospital.—Dr. I. E. Atkinson, who was appointed in January to superintend the general vaccination of the inhabitants of Baltimore, has resigned, deeming his services no longer necessary.

# MARYLAND MEDICAL JOURNAL.

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WHOLE NO. 107.

BALTIMORE, APRIL 1, 1883.

VOL. IX, No. 23.

## ORIGINAL PAPERS.

### SOME RESEARCHES AFTER HÆMOGLOBIN.

BY ROBERT SAUNDERS HENRY, A. M., M. D.,  
OF BALTIMORE.

The distinguishing feature of the red corpuscles of blood is in the presence of a substance termed *hæmoglobin*. Existing in the blood of all vertebrate animals, and forming, as it does, about 90 per cent. of the dried red corpuscles, and being that substance with which the oxygen in the blood is associated, and the means by which the oxygen is conveyed to the tissues, any investigation of its properties, or the statement of any method by which it may be obtained for experimental purposes, will always be of interest to the student of physiology. It is my purpose to state briefly a few facts concerning the properties of this important substance known as hæmoglobin, and to detail what I believe to be the most simple and satisfactory of all methods, which, so far, have been pro-

posed for obtaining it. I have special reference to that from *human* blood, which, heretofore, has been found *difficult* to crystallize by the methods recommended in our texts. The meagreness of my experiments will forbid the deduction of any *definite* conclusions concerning the readiness with which the hæmoglobin from the blood of the lower animals will crystallize by the process herein stated. For want of time I was compelled to leave incomplete some experiments upon the blood of the *cat* and *rabbit*, which I hope soon to finish; but from what has so far been done, I am of the opinion that the hæmoglobin from the blood of *these* two animals, at least, may be crystallized by the same process.

The *cat* has been included by writers on the subject in the list of animals whose hæmoglobin crystallizes readily; while that of the *rabbit* and *man* is classed among those whose hæmoglobin crystals are obtained with much difficulty.

*Properties*: Hæmoglobin is the ESSENTIAL ingredient of the red corpuscle. When obtained by the method



given below, it appears as a crystalline substance of red color; the shape of the crystals differs according to the species of animal from which they are derived, those from human blood being prismatic. It is very soluble in water and *blood serum*; and just here may be observed that which physiologists are pleased to term "peculiar relationships;" as the hæmoglobin is not dissolved by the serum in natural blood, there must exist between it and the stroma some vital equilibrium which prevents the solvent action of the serum.

Hæmoglobin is easily decomposed, the results of which decomposition are two substances; one, a proteid body known as globulin; the other, a reddish-brown colored compound called hæmatin, which, when separated, appears as an amorphous powder having a slight metallic lustre. It is a recognized fact among the physiologists of the present day that the amount of iron in the blood depends upon the amount of hæmoglobin; and that all the iron belonging to the hæmoglobin is in reality attached to the hæmatin. The form in which iron exists in combination with the hæmatin is still undecided; by some it is thought to be in the state of an oxide; by others as metallic iron; and still later experiments have suggested that it is always in the form of the phosphate. We know that the physiological effect of iron when administered in diseases of the blood-forming organs, as for example in anæmia, is very apparent; supplying, as it does, to the organism the material to make the hæmatin, the result is the *rapid* construction of red blood cells and hence the proper nourishment of the tissues. It is in the *easy decomposition* of hæmoglobin that we have an explanation of the difficulty we encounter when we attempt to preserve its crystals. A temperature, a few degrees above that of freezing, is, under ordinary circumstances, sufficient to

cause chemical change. I made many attempts to keep for an *indefinite* period of time some of the crystals I obtained, but in this I was unsuccessful. The longest time I succeeded in preserving a magma was about eight hours, and this without the aid of ice. But the most IMPORTANT property of hæmoglobin, and that with which we are most concerned is its *peculiar* relation with oxygen. It combines with this gas to form a scarlet-colored compound known as *oxyhæmoglobin*, which predominates in arterial blood and is the cause of its color; while hæmoglobin deprived of a certain amount of oxygen is termed reduced hæmoglobin, and is in excess in venous blood, producing its characteristic appearance. During this association and disassociation with oxygen, no disturbance of the molecule of hæmoglobin appears to take place; and it is this fact which makes its relation a *peculiar* one. Its affinity for it is very strong, yet the combination is a *weak* one. It possesses the wonderful property of being able to saturate itself with this gas without undergoing intrinsic change; of retaining it until something is met more greedy of its charge than it is, to which the oxygen is yielded, and a new supply is sought. Now this is precisely what hæmoglobin does in the animal economy, and, in this, its most wonderful property, we have not only an explanation of the difference between venous and arterial blood; but we recognize the physiological importance and function of the red corpuscles of the blood by virtue of their hæmoglobin, viz., that they are the *carriers of the oxygen to the tissues*.

How it may be obtained: During the month of March, 1879, while in the laboratory of an institution of which I was principal, I amused myself disgorging two leeches (*hirudo medicinalis*) which had been filled with human blood, as near as I was able to ascertain, some twelve days

before. I placed a drop of the blood under a microscope for the purpose of examining the corpuscles, as I had done upon several occasions with a drop taken from my finger. I noticed that the blood taken from the leech presented a different appearance from any I had ever seen; that instead of the usual appearance of freshly drawn blood, there was a mass of crystals, and only a few well-defined corpuscles. I also observed that the crystals soon *disappeared*. After some thought upon the subject, and reference to writers, I concluded that what I had seen were the so-called "blood crystals" or crystallized hæmoglobin, and I determined to examine further when the opportunity offered, especially when I found that none of the latest authorities on hæmoglobin mentioned that it could be found in a crystallized form in the stomach of the leech, but on the contrary that the hæmoglobin from *human blood* was obtained in a crystalline form with *difficulty*, and that the processes suggested were tedious and required skilful manipulation. I had also been taught to think that blood in the stomach of the leech underwent "very little change," and that when it was allowed to drink the blood of warm-blooded animals, it filled itself so greedily that it could not endure the surfeit and died soon after. This, I am inclined to think, is not correct, for I have allowed leeches to gorge themselves with human blood until they released their hold; preserved them for three months, and observed crystals of hæmoglobin in the blood taken from their stomachs. No doubt the statement above alluded to was based upon observations made with leeches which had been applied to persons suffering from acute inflammatory diseases; and the death of the leeches may, probably, have been due to certain injurious matters in the blood. Upon one occasion only, before coming to this city, in 1881, did I have the opportunity to again

examine the blood from the stomach of a gorged leech, and then I did not discover any crystals of hæmoglobin, for the reason, as I have learned since, that the blood had not remained sufficiently long.

During the spring and summer of the past year, I attempted to verify what I had seen in the blood taken from the first leech, and to satisfy myself that crystallized hæmoglobin was, really, one of the results of the digestion of human blood in the stomach of the leech. With this in view leeches were taken at different times, generally two, sometimes three in number, and filled with human blood; some partially, others being allowed to remain until they were sufficiently surfeited and fell off. The date of their application was carefully noted. The leeches were then placed in a clean, wide-mouth jar, containing about a pint of clean cold water. Over the mouth of the jar was tied a piece of thin muslin. At the end of every twenty-four hours the water was poured off and fresh water added. During the greater part of the interval the leeches were observed to remain passive on the bottom of the jar; occasionally they were noticed to attach themselves to the sides of the jar above the surface of the water. Several lots were in this way treated, and a few preserved as long as three months. Upon different occasions during this period, a leech was removed, wiped dry with a piece of soft cloth, placed in a cool porcelain dish, a small transverse incision made at any point between its middle and caudal extremity, and as the blood oozed forth a drop was taken, placed upon an ice-cold glass slide and observed under the microscope.

I think it unnecessary here to detail, in order, the observations as they were made upon the blood from each individual leech, as the main points of interest can be noticed in the following general statements :



Hæmoglobin can be found in a crystalline form after human blood has remained for a time in the stomach of the leech.

The length of time required to reach this stage of digestion varies in different leeches.

In a lot taken, filled and kept for four or five days, it was observed that in some the blood had undergone very little change, and the red corpuscles were nearly perfect; while in others the corpuscles appeared more shrunken, the blood less fluid, with here and there a crystal. In those leeches which were only partially filled, the digestive process seemed to go on with more rapidity, although kept for the same length of time, as those which had been well-filled; the blood in them appeared more thick and tenacious; fewer corpuscles were noticed, and a larger number of crystals. At any period varying from two weeks to three months after the leeches were gorged, the hæmoglobin appeared crystallized. Figures 1 and 2 represent photographs taken on 23d day; figure 3, one taken on 50th day.

Fig. 1.

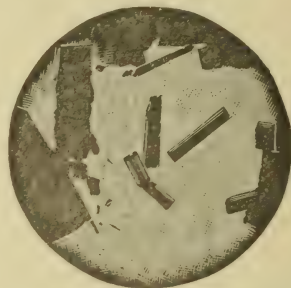


Micro-Photograph of Crystallized Hæmoglobin from Human Blood After 23 Day's Digestion of Blood in Stomach of Leech.

I also observed well formed crystals from a leech preserved for three months, of which I was not prepared to take a photograph. In the leech opened on the 50th day the blood was quite thick and sticky, showing no disposition to run on the glass slide, and only one or two corpuscles were noticed in it. It did not ooze out of

the leech with the same facility as in those cases where the animals were opened sooner. There appeared to be a feeble coagulation of the fluid.

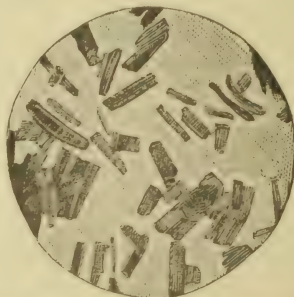
Fig. 2.



Micro-Photograph of Crystallized Hæmoglobin from Human Blood After 23 Day's Digestion of Blood in Stomach of Leech.

It was in a *plastic condition*. I may say that my best results, so far, have been obtained from three leeches preserved for 50 days. In two of them I found a considerable quantity of well defined crystals, and these crystals resisted decomposition longer than any previously obtained. In the third leech fewer crystals were present, and the general appearance of the blood, as compared with that in the two, indicated that the process of digestion had gone on with much less rapidity.

Fig. 3.



Micro-Photograph of Crystallized Hæmoglobin from Human Blood After 50 Day's Digestion of Blood in Stomach of Leech.

Concerning the changes that take place in the stomach of the animal during the digestion of this meal of human blood, I cannot speak positively, I may be allowed to conjecture, and such conjectures taken for what they may be worth. The throat of

the leech is very narrow; so narrow that it cannot take solid food, and its usual nourishment consists of animal and vegetable infusoria, which it swallows with the water, like the whale does small fish; but the whale spouts out the water it has swallowed through its nose; so, also, the leech has in *its skin* a *peculiar glandular apparatus* by which it is enabled to excrete the water, and retain only the infusoria within its maw. After a leech has been filled with human blood, it is observed for sometime after to sweat out a clear, transparent and somewhat viscid fluid, which contains albumen and water, and gives an alkaline reaction. The size of the animal is observed to decrease after this excretory process. By the methods heretofore proposed for obtaining hæmoglobin, one of the great difficulties to be overcome was to *act on the corpuscles only*; to get rid of non-crystallizable organic compounds, particularly *albumen*, which so much impeded the crystallization of the hæmoglobin, that it was customary to wash a *clot* until the washings gave no precipitate with mercuric chloride; also hæmoglobin is readily soluble in blood serum. It is reasonable to infer now, that this process of crystallization does not go on in the stomach of the leech in the presence of the blood serum; and I am inclined to believe that the first step in the process of digestion of blood in a leech is to *excrete the serum*, and that the transparent fluid above alluded to is the blood serum modified by the action of the excretory glands of the skin. That by so doing the digestive power of the animal is brought to bear directly upon the corpuscles, which results in the breaking up of the corpuscles, and the separation and crystallization of the coloring matter. Before concluding this paper, I desire to return thanks to Professor Wm. P. Tonry, State Chemist, for use of laboratory and valuable assistance.

## GUNSHOT WOUNDS, ILLUSTRATED BY CASES AND BULLETS.

(Concluded).

BY E. G. WATERS, M. D., OF BALTIMORE,

Late Acting Assistant Surgeon, U. S. A.

(A Paper Read Before the Baltimore Medical Association, Feb. 26th, 1883.)

Recovery after injury to the bodies of the vertebræ, is affirmed by some authorities to be impossible. It is to be regretted that the report and analysis of cases, with their consequent tabulation, are so defective in the great work issued from the Surgeon-General's office. So large a number of untrained civilians unaccustomed to surgical practice and unskilled in diagnosis, was suddenly called into active service, that many errors and deficiencies were the unavoidable consequence. Added to this, the shifting of position, the frequency of battles, the want of time and opportunity to make up the deficiencies from previous inexperience, have resulted in vitiating the record in important classes of injuries to a degree that all the great ability and diligence of Dr. Otis have not been able to overcome. He complains that wounds of the belly are constantly returned as wounds of the stomach, and of other errors quite as absurd. Hence the statistics of vertebral injuries must necessarily be misleading and unreliable. The table reports:

Cases, 642; died, 349; discharged, 175; duty, 104; unknown, 14; mortality, 55.5. Distributed as follows: 12 cervical, with 2 complete recoveries; 34 dorsal, 1 recovery; 21 lumbar, 5 discharged for disability; 54 cord involved, 12 partial recoveries.

Surgeon E. Donnelly, 2nd Penna. Reserves, reports a case where the patient lived eight days after a pistol bullet had passed through the apophyses of the eighth dorsal vertebra, and travelled thence through the canal and "*medulla spinalis*" upwards to the first cervical vertebra.



Dr. Otis notes that not a few instances of injury to the cord are recorded where paralysis was wanting. A very curious case came under my own observation. The man was wounded at Hatcher's Run, Feb. 6, 1865. The bullet had passed backward through his mouth, knocking out several teeth, and was lost. Ten days later a profuse gush of blood occurred, and before assistance could arrive he was dead. Examination showed the internal carotid to have been injured, and that the transverse process of the third cervical vertebra had been broken off, and the body of the *axis* fractured. There had not been the slightest appearance of paralysis.

The peculiarity of bullet wounds arises largely from the fact that the soft tissues along their track are contused and devitalized by the passage of the missile. This may result in a measure from its rotary motion, but velocity is certainly a most important factor in its production. We have the evidence of this in the circumstance that the orifice of exit almost constantly heals sooner than the one of entrance. This is so common and is so evidently associated with retarded motion, that in cases of long canals through the tissues it is often possible to determine the two orifices from this incident alone. Such long tracks rarely heal without the formation of mediary abscesses. Suppuration and granulation being the usual methods of repair, the discharge becomes impeded in its flow and seeks a shorter line of outlet.

Lieutenant Cuthbert, of Newberne, N. C., was struck by a musket bullet at the battle of Williamsburg while lying down. The projectile entered the buttock, coursed deeply under the integuments, and escaped at the nape of the neck, making a wound some twenty-four inches long. I explained to him the probability of an abscess forming somewhere along the track with its attendant symptoms, caution-

ing him against alarm when they occurred. About two weeks subsequently he was taken with a severe chill, and examination discovered the hardness and swelling of an incipient abscess midway between the two openings. Poultices speedily promoted suppuration, and recovery was rather accelerated than retarded by its occurrence. In voluminous tissues, such as the muscles of the thigh, this tendency to suppuration is apt to be accompanied with the formation of sinuses, intricate in their course, embarrassing in the treatment, and hazardous to life. All such sinuses, when superficial, require to be freely opened at the earliest moment throughout their extent, and when deep-seated, to be tapped by counter-openings at such points as will afford the speediest outlet to the discharge.

*Secondary hemorrhage* is one of the most important complications either as resulting directly from the injury to vessels, the softening of their coats through inflammation following contusion, or as one of the *sequelae* of amputation or other operations. A piece may be chipped out of the arterial tube by the impact of a bullet, and yet no severe bleeding occur at the time. Some days later a profuse gush of blood, always endangering life, may be the first intimation that such a lesion exists. A man named Donnelly was shot at Gettysburg through the muscles of the upper part of the left arm, the bone being uninjured. He went about at will, supporting his arm in a sling, and having his wound dressed by the nurse in the ward without requiring special surgical attention. Fifteen or twenty days after the event, being Medical Officer of the Day, I was hastily summoned to see a man who was bleeding. Supposing it to be a patient, the head of whose humerus had just been removed, I was on the point of entering his ward, but was stopped by the nurse and hurried up a story higher. Here, in a

small room, was Donnelly on his hands and knees on the floor, his body swaying from side to side preparatory to tumbling over, reminding me of a hog that has been stuck, just before his final fall. Probably a gallon of blood had been poured out in one corner, besides a large pool where he then was. I turned him quickly down upon his back, tore away the bandage, and placed my thumb and finger on the two orifices of the wound, which, indeed, at that moment, had ceased to bleed. His face was ghastly pale, his eyes staring, glazed and set, his under-jaw had fallen, a long groan escaped from his chest; I thought he was dead. In a few moments feeble respiration appeared, which was confirmed by proper restoratives, and as soon as he was in a suitable condition, in some twenty minutes, he was taken to the operating room. Here, assisted by several friends, I cut down and exposed the artery—the brachial. About one-third of its diameter had been clipped away by the bullet, a thin fibrinous clot subsequently filling the gap. This had been neatly attached to the edges of the opening, which was nearly circular, but in the exertion of ascending an additional flight of steps had yielded at its superior and lateral margins, leaving its lower edge still attached. The vessel was much softened, so that the ligature cut through the coats as through boiled macaroni. It was necessary to place the ligatures at least two inches apart, leaving the opening centrally between them, and to tie several branches of considerable size within this space. These were then cut away from the main trunk, and that portion of the tube between the two first ligatures was likewise excised and removed. The operation was done about one o'clock in the day. At six that evening the pulse was distinct, though feeble and frequent, in the radial at the wrist. Very much to my consternation, the liga-

tures all came away on the ninth day, but there was no bad result, the patient was kept very quiet from the first, and on the twenty-second day from the operation he was discharged from the hospital in excellent physical condition, the incision having healed several days previously. Billroth (quoted by Bryant) says that of twenty-three cases in which he tied large arteries after similar injuries, seven died from hemorrhage on the separation of the ligature, examination showing there had been no clot; 12 died from hemorrhage and pyæmia, no examination being made, and seven recovered. In the late Continental war, MacCormac and Stromeyer maintain that all such cases resulted unfavorably, though the latter reports two successes out of twelve cases he saw.

A Canadian was shot at Antietam, the bullet entering the anterior aspect of the right thigh, four or five inches above the patella, passing backwards and downwards, and escaping through the popliteal space. The injury attracted no particular attention; simple dressings were applied, and the man was kept in bed. Three weeks after his admission the nurse spoke of a swelling along the track of the bullet, which I proceeded to examine. At the very moment of approaching the patient, the dressings having been removed, a stream of florid blood, the size of my little finger, poured out of the popliteal orifice, which was at once restrained by my finger and thumb, a tourniquet applied, and the patient taken to the operating room. Dr. Dare applied a ligature to the femoral at the usual point—midway the thigh—an operation that would not have been done a few months later, but unhappily at that time we did not have Guthrie. Sphacelus of the limb came on four days afterwards, and although there was no return of the hemorrhage, the man sank in spite of the most scrupulous attention and care.



It is undoubtedly a most wise rule to tie bleeding vessels at or near the seat of injury, and the instructions how to do it are sufficiently clear and explicit, but in practice, when loss of blood occurs days or weeks after the wound has been inflicted, it is often very difficult to find what you want to tie. If the point from which the blood issues is deeply seated, and the patient at all scorbutic, the surrounding tissues will often be found to be melted down into a pulp in which nothing can be defined, and a hundred bleeding mouths will pour out their contents at each incision to add to the general confusion. Mr. McLeod says most justly: "The rules and precepts laid down in books about the appearance of the vessel and the orifice, about the mode of passing a probe toward it from the surface, and the best way of cutting so as to fall upon the vessel, are all worse than useless, as they lead us to expect guides where there are none but those which watchful eyes and careful incisions afford."

The following case emphasizes these remarks, besides discovering a complication of a most uncommon character: A soldier named Vander-slice was shot at Gettysburg, the bullet entering the popliteal space from behind, passing between the bones of the leg, shattering to some extent the head of the fibula. Some days after his admission considerable blood was lost at night from the posterior orifice, which was easily restrained by pressure. The following day an examination satisfied me the blood had come from the anterior tibial which corresponded, in its course forward, with that taken by the bullet. It was decided to make the attempt to secure the vessel, through an incision into the popliteal space, as far as practicable from its point of origin, and then to cut down upon the vessel anteriorly, and ligate it again. An incision was accordingly made posteriorly, the man being

under chloroform, but after a considerable time spent in the effort to staunch the blood which was continually welling up at the bottom of the deep cavity, it was found impossible to discover the artery, and the attempt had to be reluctantly abandoned. It was then my wish to amputate at once, but I was overruled by my able associates, who were unanimous that the man was too much exhausted by loss of blood and the chloroform to bear the operation then, and I felt obliged to defer to their opinion. Notwithstanding the restraint of compresses carefully applied, he bled again considerably that night, thus depressing him still further. The next day the limb was taken off by Dr. Hasson. Reaction followed feebly, he languished with much suffering, became septicæmic, the bone protruded several inches through the ill-conditioned flaps, and he perished miserably six weeks after the amputation. I dissected the limb and found the anterior tibial had been ground to pieces by the bullet from within a half inch of its origin, and that at this point it had been rudely torn upwards from the posterior tibial, the rent extending a quarter of an inch, perhaps, along the coats of the popliteal. This partition was filled by a valvular fibrinous clot, partly detached at its margins, showing most evidently that the blood had come partly from this point, and that had the anterior tibial been ligated, hemorrhage would surely have returned and proved promptly fatal. I cannot but think had the limb been amputated the afternoon previous, as I was prepared to do, the man's life would have been saved, however presumptuous it may be to say so.

So frequently is the surgeon baffled in the attempt to secure bleeding vessels, and so numerous are the instances in which, when properly secured, separation of the ligature is followed by fatal hemorrhage, that some surgeons have boldly advocated

amputation in all cases where bleeding occurs, and Stromeyer does not hesitate to say that amputations in such cases must be resorted to earlier.

Dr. Peters advocated this practice, and could hardly, in any case, be got to consent to less radical measures. A little after sundown, as I was making my evening rounds as Medical Officer of the Day at Jarvis Hospital, a nurse suddenly summoned me to a man who, he said, was bleeding violently. He had been sitting in front of his tent when he was startled by a torrent of blood pouring down his arm. Two pools, representing about a quart, were visible on the ground by his chair when I reached the spot. He had been shot deeply through the right deltoid, the bullet passing near the bone opposite its neck. Controlling the hemorrhage, I sent for Dr. Peters and Dr. Miles, who were in the building. It was agreed that the case demanded immediate attention, and the patient was accordingly taken to the operating room. Dr. Peters was for instant amputation at the shoulder-joint, but Dr. Miles and I pleaded for conservatism, providing that the incision into the track of the bullet should be so conducted as to secure the outer flap in case amputation was found to be unavoidable. The man was young, very muscular, and in good, general condition. With this understanding, Dr. Miles accordingly divided the muscle across its entire breadth a little lower than the line by which the ball had passed, laying open its entire track, when a small vessel not larger than a crow's quill was readily discovered and secured without difficulty. There was no subsequent trouble, union of the divided muscle took place rapidly, with resumption of its powers, and when last seen by us there was every reasonable assurance that its functions would soon be perfectly restored.

The following cases present points

of such peculiar interest that I cannot forbear relating them:

A youth, aged 18, was shot at Chattanooga, the bullet entering the frontal sinus, passing upwards and outwards, and escaping at the edge of the hair on the left side of the forehead, about four inches from the point of entrance. His sight was not affected; he was perfectly rational, gave intelligent answers to all my questions, complained of no pain. The following day he spoke of uneasiness in his chest, had some cough, wanted medicine to soothe it. He was then sitting bolt upright in a chair with his clothes on.

There was universal dulness over the right side of the chest, and no respiratory murmur audible. He survived but a few days, and at the autopsy, on removing the skull-cap with great care, the frontal section intersecting the course of the bullet, I found that this missile, after getting into the sinus, had penetrated the diploe, and passed the entire distance to its point of exit between the two tables of the skull, without entering the cavity of the cranium at all. The lung revealed the most extraordinary sight I ever witnessed.

The entire lower, middle and two-thirds of the upper lobes had passed into the third stage of pneumonia, the gray hepatization and granular condition of Laennec, and were everywhere breaking down into pus. Wherever an incision was made, pus immediately flowed, and I conjectured the organ would weigh between six and seven pounds. A part of the lower lobe of the left lung was somewhat congested. There had been universal pleurisy on the right side, and the lung was everywhere adherent. And yet with this immense mischief there was absolutely no outward phenomenon to awaken attention, except some cough and dyspnoea.

Dr. Dare desired me to see with



him one of his patients, who was then comatose. He had been wounded at Fredericksburg. The right eye was destroyed, as the man supposed, by a glancing shot. Six weeks had elapsed since the injury, the patient had suffered but little annoyance from the wound, going out daily on a pass. The left eye was very prominent, owing, as I suspected, to apoplexy, having previously witnessed a similar occurrence. Coma and stertor had come on with such suddenness as seemingly to justify this inference. Dr. Dare said, however, that the patient had stated this to have been always the condition of his eyes. After death a conoidal musket bullet was found within the cranium, lying across the ethmoid bone, its base resting against the inner plate of the right orbit, and its point pressing against the inner plate of the left. This explained the prominence of that eye. Where the under surface of the left anterior hemisphere of the brain had rested upon the bullet, the *dura mater* was ulcerated through, a purulent sinus extended along the left optic nerve, a small sack, distended with pus, occupied the optic commissure, and a teaspoonful of similar fluid was found in the left lateral ventricle. The specimen is in the National Museum in Washington.

I wish to call particular attention to the fact of the liability to ulceration of fibrous tissues when in contact with metal, and to say that the traumatic aneurism of the splenic artery in the President's case probably resulted from this cause.

Captain Bugh, of Minnesota, was shot at Williamsburg through the right groin, the bullet escaping posteriorly. He found himself immediately helpless, and had no doubt his thigh was broken, which proved to be the case. On being admitted to the Camden Street Hospital, he came under the charge of Dr. Maund, who at once suspended the limb by Dr.

Smith's anterior splint. His sufferings were horrible, the distress being most agonizing at night, and at this period of the twenty-four hours, for many days, his almost constant cries and groans greatly interfered with the comfort of other patients in the ward. After protracted treatment, extending over months, he finally made a good recovery, I believe, with a stiff joint. His wife wrote me a minute and very interesting account of his condition some years since, but it is not just now within reach. There was undoubtedly fracture of the neck of the thigh bone in this case, and it derives great interest and importance from the fact that Guthrie asserts it to be impossible for recovery to take place after this injury. The case is reported in the Surgical History of the War.\*

And now, Mr. President, without having touched large classes of this form of injury, their complications, tendencies and treatment, I must leave, for the present, this fascinating subject. The exhibition of some specimens of bullets, with a few explanatory remarks, will conclude what I have to say to-night.

The specimens and fragments of projectiles here exhibited—some 25 or 30 in number—are the few that were left in my hands through the magnanimity of their former possessors. A much larger number are in the National Museum at Washington, and many were retained by patients as keepsakes of battles and perilous escapes. You will readily infer from their ragged outline, due to contact with hard substances either without or within the body, how likely their presence in the tissues would excite great nervous irritation, vascular excitement and abscess.

1. This mass of lead, being nearly the entire bullet, but greatly changed

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\*I have just learned that this gentleman died Aug. 19, '75, of phthisis pulmonalis.

from its once conoidal form, was removed from the right ilium of Geo. R. Brookins, Co. D, 16th Mich., who received the wound at the battle of Gaines' Mill, June 27, '62. It entered the right ilium posteriorly, three inches from its crest, and seemed to have driven the bone before it. On the 9th of the ensuing April I undertook its removal. The patient complained very much of its presence, although he was accustomed daily to go about the city. It was easily located at the bottom of a tubular canal of bone several inches long. It was necessary to chisel one side of this away in order to introduce the forceps, which, being done, the foreign body was easily grasped and withdrawn. You will observe deep spiral grooves cut into the substance of the lead, which can hardly be explained except upon the presumption that they were caused by contact with sharp edges of the bone as the bullet rotated on its long axis.

2. This fragment of shell, weighing exactly four ounces, was taken from the upper third of the left thigh of Eli D. Johnson, Co. E, 3rd Mich., wounded at Gettysburg, July 2, '63. The fragment struck him on the anterior and outer aspect of the limb, came in contact with the femur, and turned completely behind it. He had carried it, ignorant of its presence, for twenty-three days. It was amusing to note his incredulity and astonishment when assured that he had received a shell-wound, and that the mass of iron was still in his thigh. He asserted repeatedly that no shell were being fired when he was hurt. The object was easily seized and removed, after carefully expanding the track by which it had entered.

3. You observe that this conoidal bullet has been nearly divided transversely about one-third of its length from its point, and that this extremity is turned backwards, lying nearly at a right angle with its long axis. It

passed through the left malar bone of Thomas Durkin, Co. H, 107th Penna., who was shot at the affair at Hatcher's Run, February 6, 1865. He had no knowledge of what had become of the ball, but supposed he had swallowed it. On his complaining to me of the difficulty in taking his food, I directed liquid nourishment exclusively for him. This he took with comparative comfort, but on the afternoon of February 11th, five days subsequent to the receipt of the injury, he vomited, rejecting in the effort this irregular body, after which he swallowed with ease. It had probably lodged transversely in the esophagus.

4. This bullet, cut as you perceive, as with a knife, obliquely from its point to within a quarter of an inch of its base, illustrates the eccentricity of such missiles. The patient, B. Stebbins, Co. C, 16th Penna., had his right radius fractured through its middle third. The wounds of entrance and of exit were directly opposite each other. Some three weeks after admission he complained of a painful swelling just above the inner condyle of the right humerus. An abscess rapidly developed, in which, when opened, this body was found, representing three-fourths of the original bullet.

5. This bullet entered the right hip of Joseph D. Hammer, Co. D, 142nd Penna., at the battle of Gettysburg, penetrating the ilium just above and behind the acetabulum, without involving the joint. The patient refused to have it searched for and removed. He did well enough until the night of Aug. 27, when he was taken with a severe chill. The following morning he begged piteously to have it removed, which was done. The bullet was found driven nearly its entire length into the bone, and firmly wedged there. It was necessary to loosen it with the elevator before it could be seized and withdrawn. The chill was the precursor of pyæmia,



from which he perished, after an interval of great suffering, on the 8th of the ensuing September. He became universally jaundiced the day of his death. The ilium was found to be extensively comminuted, the liver exhibited a large yellow patch over the surface of its greater lobe, extending deeply into its parenchyma, but no deposits of pus were found there or elsewhere.

6. The lateness of the hour admonishes me to close these remarks with a brief history of the extraordinary case which this battered fragment of lead recalls. Stephen Prilliman, Co. G, 24th Va., was shot at the battle of Williamsburgh, Va., May 5, 1862. The left tibia was struck centrally about two inches above the ankle-joint. A hole quite as large as that of entrance existed on the back of the leg exactly opposite to the other. The bone was badly comminuted, and completely broken across,  $4\frac{1}{2}$  inches above the point of primary injury. Dr. Bartholow and I, having been fellow-students, remembered a case of similar comminution in the person of a sailor whose leg had been caught between two colliding vessels, which Prof. N. R. Smith had treated conservatively with gratifying success. It was accordingly determined to pursue a similar course with this man. An incision was made over the seat of fracture, and all the fragments carefully sought for and removed, with the exception of such as had constituted the periphery of the bone, and which were still attached to their periosteum. It was hoped that these might become centres for a new growth, and in this way the great chasm, an inch wide and nearly or quite five inches long, might be closed and solidified. The fingers could be swept throughout its extent, and no foreign body was felt, when the wound was finally dressed and the limb swung in the anterior splint. This patient remained under treatment fourteen months, during

which he underwent nine severe attacks of erysipelas in the wounded limb, five or six of which were of the most formidable character, threatening gangrene. Several cloaca continued open for twelve months, through which discharges escaped, and in the ninth attack of erysipelas, which occurred about a year after the operation, this piece of lead, rather more than half of the original bullet, made its appearance at the uppermost hole and was extracted. I cannot doubt that its presence contributed chiefly to produce the numerous attacks of erysipelas from which he suffered, and which ceased to recur after its removal. This man's leg became as firm as the sound one, a superabundance of new bone was supplied, and he left my care with a sound and useful limb, except that the knee-joint had stiffened from one of the attacks of erysipelas.

#### CASE OF DOUBLE HYDRONEPHROSIS WITH DILATATION OF THE BLADDER AND URETERS DUE TO DISEASE OF THE PROSTATE GLAND.

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University), Wash-  
ington, D. C.

(Read before the Medical Society of the District of Columbia, January 24, 1883.)

The following case is one of special interest, both because a uniform double hydronephrosis is a rare disease, and because it was produced by a condition which proper early treatment might have remedied:

Thomas H., a printer by trade, aged 58 years. Health good previous to the present disease, which began two years ago.

The first symptoms were difficulty in urinating, retention of urine, irritation of the bladder, with all the phenomena of bladder tenesmus. These symptoms

were shortly followed by incontinence and constant dribbling of urine. The patient's clothing was with difficulty kept dry, and the urinous odor consequent upon this condition was a source of great annoyance.

There was no constitutional disturbance up to three months ago, when uræmic phenomena began to develop. The appetite, strength and nutrition were unimpaired.

He had been under the care of various physicians, who called his ailment by different names, and gave as many different forms of treatment. He was treated at various times by tonics (strychnia and quinine), by diuretics (buchu and Bethesda water), and more latterly by full doses of ergot, on the diagnosis of diabetes insipidus.

I was unable to find evidence that there was any large increase in the amount of urine, but the constant dribbling rendered an estimate somewhat difficult.

The appearance and low specific gravity probably led to the diagnosis of polyuria.

I first saw the case December 17, '82. He then had not been under medical treatment for some time, but had been taking some proprietary medicine.

At this date he was evidently suffering from *uraemia*, and upon inquiry, I learned that he had been having violent headache in the morning for three months.

Loss of appetite, weakness and emaciation had been progressive for five weeks. Nausea and vomiting began four weeks previous to my first visit.

December 17, 1882—weakness and emaciation extreme—entire loss of appetite, constant nausea, with frequent distressing vomiting.

The most distressing symptom, however, was great dyspnœa, apparently due to emphysema of the lungs. No cough and no other lung disease. No evidence of heart disease. *No dropsy*.

The dyspnœa had developed but one week before I first saw the case. The amount of urine passed was measured for several days, and making allowance for that which dribbled away, it was about two pints in twenty-four hours.

The urine which I examined was offensive, of alkaline reaction; spec. gr. 1005, and contained no albumen.

My diagnosis, from the general symptoms, was *Bright's disease*, and the treatment ordered hot baths and pilocarpus, tonics, stimulants, and milk. No relief followed the treatment; the baths and pilocarpus failed to produce sweating, and caused so much distress that they were abandoned.

Specimens of the urine were submitted to Dr. Schaeffer for microscopical examination, December 19, 1882 and December 23, 1882—and the following are his reports:

Analysis of Urine, Dec. 19th.

No. 2064.

Dr. Prentiss.

Mr. H's Case.

Color, very pale; turbid.

Reaction neutral.

Specific gravity 1.010. Quantity said to be normal.

Trace of albumen.

No sugar.

Microscopical Examination:

Triple phosphates in small amount.

Some altered blood.

No pus, casts or renal epithelium.

Granular bladder epithelium.

E. M. SCHÆFFER, M. D.

Analysis of Urine, Dec. 23.

No. 2074.

Dr. Prentiss.

Mr. H's Case.

Color, very pale, slightly turbid.

Reaction neutral.

Specific gravity 1.012.

No albumen.

Microscopical Examination:

Phosphate of lime crystals and granular debris.

No blood, pus, or casts.

No indications of bladder or kidney disease.

E. M. SCHÆFFER, M. D.

Up to December 19 the patient still continued up, and even went out to carry the sample of urine to Dr. Schæffer on that date.



But after this he continued to grow rapidly worse, the nausea and vomiting and the dyspnœa were more aggravated, the mind became dull, and constant muscular twitchings threatened convulsions.

This condition was treated by rectal injections of

## GRAMS.

℞ potass. brom. 12.

Spts. æth. co. 25.

Mist. asafoet. ad 200.

M: Two tablespoonfuls every four hours.

Death occurred, without convulsions, December 27, 1882.

Autopsy by Dr. N. Acker, December 28, assisted by Dr. E. M. Schæffer, Mr. Gurley (medical student), and myself.

Body greatly emaciated, rigor mortis well marked. Only the cavities of the abdomen and pelvis examined. Liver, spleen, pancreas, intestines and suprarenal capsule healthy. When the intestines were removed, the bladder was brought in view, appearing as a whitish, fibrous-looking, irregularly nodulated tumor, reaching nearly to the umbilicus.

It was distended with urine of the same character as that examined during life, and was estimated to contain about one quart.

It was partly emptied through the urethra by making compression, and the bladder, kidneys and ureters were carefully removed for further examination. After maceration in alcohol the bladder measured 18 c. m. (7 inches) in length, and 10 c. m. (4 inches) transverse diameter; the walls were greatly thickened and rough, traversed by a coarse network of fleshy cords resembling the columnæ carneæ of the heart.

In many places in between these bands were pouch-like dilatations, which gave to the external surface of the bladder a nodulated appearance.

The pericyclic cellular tissue was congested and hypertrophied.

There was no obstruction to the outlet of the ureters, and apparently no dilatation of the ureters near the bladder.

We come now to refer to the most important pathological condition of all. It is the peculiar enlargement of the middle lobe of the prostate gland, which projects into the neck of the bladder in

such a manner as to form a valvular obstruction to the escape of urine.

Each ureter was 30 c. m. (12 inches) long, dilated very much alike, irregularly from the size of a pencil to that of the thumb, the largest size being at the upper part where they widened out into the pelvis of the kidney.

The kidneys were both dilated to a capacity of about half a pint, and contained urine to that amount.

The kidney structure proper was reduced to from 1 to 2 c. m. ( $\frac{1}{2}$  to  $\frac{3}{4}$  inches) in thickness.

There are several points of interest in this case, which render it instructive and interesting.

1. The obstruction which caused the hydronephrosis was undoubtedly due to the peculiar enlargement of the middle lobe of the prostate gland, which resembled in shape the crista galli of the ethmoid bone, and covered the orifice of the urethra like a valve.

There had been no history of renal colic during life, nor was there any evidence of renal calculus found after death.

The introduction of the catheter had not been practiced at any time during the treatment, probably because the dribbling of urine was looked upon as an incontinence, rather than an evidence of retention.

The early use of the catheter by relieving distension of the bladder would undoubtedly have prevented the development of hydronephrosis.

The patient's life would have been prolonged, and have been made more comfortable, although it cannot be said that he would not have ultimately succumbed to chronic cystitis, so commonly a termination in greatly enlarged prostate.

When I was called to the case, the uræmic symptoms completely masked all evidence of local disease, and even if the exact diagnosis had been made, it was too late to accomplish any good to the patient. Fatal mischief was already done.

2. Examination of the urine failed to throw any light upon the character of the disease.

The analysis was made by Dr. Schæf-

fer, who is an experienced and skilled microscopist, yet his report states there were "no indications of bladder or kidney disease."

An examination of the analysis justifies this statement, when made from the standpoint of the urine alone. There was found no pus, blood nor casts; no albumen nor sugar; the neutral reaction and low specific gravity alone marked a departure from the normal; yet, *clinically*, the patient was undoubtedly dying of uræmia.

The character of the urine was such as might have been expected under the conditions presented.

There was no disease of the secreting structure of the kidneys as in the forms of Bright's disease, and consequently none of the changes in the urine found in that disease were observed.

It was simply normal urine altered by the circumstances of pressure and re-absorption.

3. There was no dropsy. Dropsy, as is well known, is a constant attendant upon the uræmia of Bright's disease.

I have noticed in several cases of fatal uræmia due to chronic cystitis and chronic pyelitis, in which the parenchyma of the kidneys was not involved, that dropsy did *not* occur.

In these cases there is no albumen in the urine except such as may be accounted for by the presence of pus or blood, and the amount of urine is usually not materially affected until exhaustion begins to make itself manifest.

4. Death from uræmia in cases of hydronephrosis is not common, for the reason that hydronephrosis is seldom double. It is usually confined to one kidney.

When it is unilateral, the other kidney takes on increased function, and the system continues to be depurated of its urea. The usual mode of death is either from exhaustion produced by the pressure of the tumor upon surrounding parts, or by the bursting of the sac into the peritoneum, causing rapid death by peritonitis.

It may not be without interest to recapitulate briefly the causes which lead to the development of hydronephrosis.

These may be divided into *extrinsic* and *intrinsic* causes.

*Extrinsic*, where a cause outside of the urinary apparatus is acting, such as the pressure of a tumor, cancer, uterine fibroid or ovarian tumor, or pregnancy; so also misplacements of the uterus may compress the ureter and produce backing up of the urine into the kidney.

*Intrinsic*, from a cause which acts within the urinary passages. The obstruction may be anywhere in the course of the urinary tract.

1. In the pelvis of the kidney, as of a calculus obstructing the orifice of the ureter.

2. In the ureter, usually a calculus.

3. In the bladder, and may be a calculus, or a tumor, or an abscess in the wall of the bladder, which obstructs the outlet of the ureter, or an enlarged prostate, as in the present case.

4. In the urethra, as an impacted calculus or a stricture; although such a cause of hydronephrosis is very rare.

As to the treatment of hydronephrosis, not much is to be said. It would depend upon the cause.

If extrinsic, such as misplacement of the uterus, it may be cured by relieving the misplacement. Usually the intrinsic causes are such that they are not amenable to treatment.

In enlarged prostate, the use of the catheter is imperative, and would prove curative of the hydronephrosis.

Cure is sometimes spontaneous by the escape of a calculus from the ureter, into the bladder.

As a last resort, aspiration may be employed, or even nephrectomy practiced.

## SOCIETY REPORTS.

### PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

REGULAR MEETING HELD JAN. 24, 1883.

(Specially reported for Maryland Med. Journ.)

The Society met, with President, Dr. A. F. A. King, in the Chair; Dr. T. E. McArdle, Secretary.

Dr. D. W. Prentiss presented a specimen of DOUBLE HYDRONEPHROSIS DUE TO ENLARGEMENT OF THE MIDDLE LOBE OF THE PROSTATE GLAND and



read a paper concerning it.\* Dr. Prentiss said the cause of the hydronephrosis was as plainly pictured in this case as would ever be seen. There was an obstruction at the neck of the bladder, and distention followed to such a degree as to push the valve back and let a little urine out. It was purely a mechanical affair. The fact that the orifice of the ureter was not dilated is interesting. There was no previous history of nephritic colic.

*Dr. Hoehling* did not think that these cases could be cured by catheterization. Electrolysis has been suggested as a cure.

*Dr. Bulkley* agreed that the catheter would not prove curative, and its continued use might result in the death of the patient. The obstruction would have made the passage of the catheter a difficult matter unless a prostatic catheter were used. Such enlargements are more common in advanced age than in middle life. Surgery will in the future devise some means of obviating this difficulty. More injury, he repeated, might be inflicted by the catheter than by the disease.

*Dr. King* said Sir Henry Thompson was reported to have made perineal section, opening the bladder, thoroughly emptying it, and thus affording temporary relief.

*Dr. Bulkley* remarked that Dr. Parker, of New York, had performed the same operation, and the patient afterwards passed the remainder of his days in comparative comfort.

*Dr. Kleinschmidt* said that when the diagnosis is clearly made out, one way of prolonging life and mitigating suffering is to tap the bladder by way of the rectum and introduce a self-retaining catheter. In the course of time the irritability would subside.

*Dr. J. E. Morgan* said he was reminded of a remarkable case he had seen. He was requested by a medical friend to visit with him an old negro over 70 years of age. The patient had a hydrocele, an irreducible strangulated hernia, and an enlarged prostate with retention of urine. He operated first

for the hydrocele, then for the strangulated hernia and finally tapped him through the rectum. The patient lived for twelve months or more and could hold his urine by the sphincter ani for two hours at a time. Not a drop, during the year following the operation, ever passed by the urethra.

*Dr. Hoehling* remarked that he had never been able to cause a catheter to be retained.

*Dr. King* said Sir Henry Thompson gave forty-five years as the youngest age at which he had seen enlarged prostate.

*Dr. Magruder* said he had been attending the Home for the Aged, in charge of the Little Sisters of the Poor, during the past ten years, and although there is an average attendance of forty old men, he has only been required to pass the catheter two or three times.

*Dr. Morgan* thought such an immunity might be due to the life these old men lead—comparatively free as they must be from the venereal passion. He has noticed that this trouble is more frequent in old men who are given to sexual excesses. Abstinence for a month or two in old men seems to lessen their desires.

*Dr. Schaffer* said in respect to diagnosis in this case there was nothing but a trace of albumen and low specific gravity, which would lead one to diagnose kidney trouble. The man's physical appearance gave signs indicative of phthisis. In ordinary cases of uremia, the blood arrives at the kidney, but the urea is not eliminated. In this case there was no reason to suspect disease of the secreting substance. The kidney performed its office, but there was no egress, the urine became more and more impure and finally went back into the blood. As in spasmodic closure of the glottis, where there is perfectly healthy lung tissue, the osmotic action may be reversed and the man die of carbonic acid poisoning.

*Dr. Prentiss* said dyspnoea was a marked feature of this case. There was evidence of emphysema but none of heart disease, and there was no effusion into the pleura. The man would breathe through his mouth though there was no nasal obstruction. Dyspnoea is said to

\* See report in full, page 588 of this number.

be an early symptom of Bright's disease that has not been explained. The use of the catheter at the right time would have prevented the hydronephrosis, though it would not have cured the enlarged prostate. In many cases of enlarged prostate, contraction of the bladder occurs. The patient voids his urine with unusual frequency, but never empties his bladder. Chronic cystitis sets in, hypertrophy of the bladder occurs, pyelitis follows, and the result is death from uremia. Did not agree with Dr. Bulkley that the catheter is a bad agent. The partial voiding of urine at frequent intervals becomes exhausting, and residual urine is a constant cause of irritation. The soft catheter can do no harm and the patient can readily learn to use it. The bladder should be emptied by catheter at least once in twenty-four hours.

*Dr. Bulkley* did not mean to say that the catheter should not be used, but that it would not prove curative of such a prostate gland. Its continuous use, moreover, is often productive of serious results.

*Dr. Prentiss* contended that the use of the catheter would prolong life, though he granted it would not cure an enlarged prostate.

*Dr. Taylor* had passed a catheter on a man twice daily for six weeks and then taught him to use it himself. The man eventually passed his urine without difficulty.

*Dr. Kleinschmidt* suggested that the dyspnoea spoken of was due to vitiated blood acting on the respiratory centre. The vitiating ingredients should have been eliminated by the kidneys. Did not think it was necessary to look to the condition of the lungs to explain the dyspnoea. He related a case illustrative of the readiness with which patients learn to use the soft catheter.

*Dr. Prentiss* said there was one other point to which he wished to call special attention. There was no dropsy. He has noticed in a number of cases that there is no dropsy in uremia unattended by albuminuria. It is never absent in the late stages of Bright's disease. One is a chronic inflammation of the mucous membrane; the other, disease of the parenchyma.

*Dr. Kleinschmidt* said in this or a similar case the blood pressure was not increased, whilst in albuminuria there was an increase of pressure within.

## CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 16, 1883.

(Specially reported for *Maryland Med. Journal*.)

The Society was called to order at 8.30 P. M. by the President, DR. SAMUEL THEOBALD.

*Dr. H. M. Simmons* read the report of a case of DEATH FROM VACCINATION. As Extra Vaccine Physician for the Tenth Ward of Baltimore, he had vaccinated in the family of Michael Rolf, No. 11 Welsh Alley, the latter part of January, with good results in a majority of the cases and no unpleasant sequelæ. Genuine vesicles appeared in all the primary cases except one. Feb. 23rd the operation was repeated upon those in whom it had failed before, among the others, in an infant nine months old and apparently in perfect health, whose arm showed no sign of having "taken" before. "National virus," obtained from the City Health Department the previous morning, was used. An abrasion was made with the pointed end of the quill, about  $\frac{1}{8}$  inch in diameter, and no blood was drawn. The subsequent history of the case was obtained from the family and attending physician, Dr. Simmons not having seen the child before its death, and learning first of the fatal result through the publication in the daily papers. Nothing seems to have been noticed until the ninth day, when the child became fretful, had fever and swelling of the lymphatic glands of the neck and axilla. Simultaneously a measles eruption developed upon the abdomen and extremities. Dr. Crim was now called to see the case, which he at first supposed to be diphtheria. Poultrices were applied to the neck and internal treatment ordered. The next day the doctor found no further evidences of diphtheria, and his attention was directed to the condition of the arm, which did not present the appearance characteristic of true vaccination. The scab was concave, of a dark, reddish hue and with



contracted margins. The neighboring skin presented a rough, chafed appearance and was dotted with ecchymoses extending almost to the hand, which was somewhat swollen. The arm appeared to be paralyzed and was greatly swollen in the axilla, the glands being involved. Digestion continued unimpaired and the child took nourishment greedily. The cervical glands were swollen but did not interfere with deglutition. Convulsions occurred on the third day of the sickness, and twelfth after the operation, and death ensued on the following day. No constitutional taint could be discovered in the parents or grandparents, all of whom are living and in good health. This was the only instance in Dr. Simmons' experience where serious results occurred, and he was unable to account for the result. Since his attention had been drawn to the subject, however, he had learned from authentic sources of cases in which erysipelas, pyæmia, gangrenous ulcer, suppuration, glandular involvements, eruptive disorders, etc., had resulted from vaccination, proving that it is by no means free from danger.

*Dr. Morris* said four deaths from vaccination are reported to have taken place recently in Norwich, England, and have given rise to considerable excitement. The *Lancet* accepts the theory of Dr. Buchanan as to their origin, i. e., that they resulted from the use of a point, which had been used before, the poison being thus conveyed. A number of fatal cases occurring in this city had recently been reported to him.

*Dr. Atkinson* said Dr. Simmons' experience was unfortunate, but it was always to be expected now and then. In a certain number of vaccinations, erysipelatos inflammation will result. The same would occur if the arm were scarified with glass or pricked with a pin. A definite proportion of fatal cases is to be expected, as in all injuries in which the horny covering of the skin is removed and an absorbing surface laid bare. He did not believe in such a thing as vaccinal erysipelas; its occurrence is purely accidental. Had known spittle to be mixed with virus; would expect very unfavorable results in such case from the decomposition of the saliva.

*Dr. Latimer* had seen five cases of

axillary abscess following vaccination. In one case this was followed in a week or ten days by a second abscess in the deltoid muscle. All got well. This suggests one mode in which septic absorption might occur. He had seen no erysipelas and was not disposed to believe in vaccinal erysipelas any more than in the case of other surgical injuries. Had seen a number of cases of vaccinal eruptions, all accompanied by much itching. Had seen to-day a case in which there was a large sore on the cheek the size of a silver dollar and another on the calf of the leg; in addition there were a dozen or more pustular sores scattered about the body. It was a question with him whether some cases of small-pox might not have resulted from vaccination. Dr. Howard, Quarantine Physician, had not been able to account for some cases except upon this supposition, an eruption having followed vaccination which could not be distinguished from true variola. Had seen a dozen cases of eczematous eruption, and to-day saw a gentleman with an eruption resembling lichen.

*Dr. Meierhof* reported the case of a young man who was vaccinated in January. The vaccinia pursued a normal course, but in twelve to fifteen days he had pain in the knee joint preceded by a chill. Three days after the pain began, there was a large and boggy swelling of the knee. There was very little constitutional disturbance—some swelling of the axillary glands. He also had eczema during the period—he had been subject to this affection as a child. He has now entirely recovered and returned to business.

*Dr. Atkinson* did not believe small-pox originates from vaccination, but vaccinia is often mistaken for the former; he knew of a number of cases of this. He believed in the identity of small-pox and vaccinia, to which thousands of cases in England and many in our own city, where persons had been vaccinated with virus from the heifer inoculated with variolous matter, testified.

*Dr. Erich* referred to the greater intensity of bovine vaccinia. He thought bovine virus gives more protection than humanized, but preferred the latter, one remove from the cow, as being less irritating.

**SPECIMEN OF CHANGES IN NERVES IN A CONICAL STUMP.**—*Dr. Coskery* exhibited the specimen. A man, aged 50, a notorious drinker, was admitted to the City Hospital June, 1882, suffering from a compound comminuted fracture of both bones of the leg. An attempt was made to save the limb. Hypostatic pneumonia followed, from which he never completely recovered. In October the end of the bones was resected. The patient afterwards became septicaemic, and this with catarrhal pneumonia was still present when, Dec. 16th, 1882, it was deemed necessary to amputate the limb. The soft parts retracted, leaving the femur bare. Death took place ten days ago, nine months after the accident, from the pneumonia. This was the first case of conical stump *Dr. Coskery* had seen. It resulted in consequence of the inability to separate the nerve from the artery, the ligature therefore including both. In 1866 he had taken the ground that the artery should be separated and tied alone, and had never since that seen any need to dissect the artery from the nerve until this case. The specimen exhibited two bulbous masses of nerve.

**SPECIMEN OF TUMOR OF BRAIN.**—*Dr. Chambers* exhibited this specimen, which was obtained from a woman, æt. 54, in moderately good health before November last. At that time she began to complain of headache, apparently "neuralgic," but not amenable to the treatment employed. At the beginning of December she had an epileptic convulsion and this was accompanied with paresis of the right arm and leg. She gradually improved after the convulsion, although the headache continued. In January she had another convulsion, accompanied with almost complete paralysis. She again grew better, but the paresis never entirely disappeared after its first appearance. February 1st she had a third convulsion, and about this time she exhibited some little difficulty of speech. She grew worse after this and died six days ago. On *p. m.* examination a tumor was found situated in the anterior part of the left hemisphere of the brain, just in front of the fissure of Rolando, and involving especially the second frontal convolution. This tumor was examined microscopically by *Dr. N.*

*G. Keirle*, who pronounced it carcinoma. The ventricles of the brain were very much dilated, and death was no doubt caused by the pressure consequent upon the presence of the intra-ventricular fluid. No other part of the body could be examined, but there was no evidence to indicate disease elsewhere. Digestion and appetite were good. The headache was intense. In the first attacks there was no unconsciousness, but this was observed later. There was no psychical trouble until the latter part of February. There was no loss of sensation on the paralysed side. The muscles of the face were not implicated in the paresis.

*Dr. Councilman* remarked that carcinoma of the brain is one of the rarest forms of the disease.

*Dr. Branham* said Rosenthal says in his recent work that such cancers are quite common.

*Dr. Councilman* said he had never seen a case at a *post-mortem*, and his statement is further confirmed by Rokitansky and Birch-Hirschfeld.

*Dr. Bermann* said authors are not agreed as to what is cancer. He had seen some epithelial growths that some would have called cancerous.

**SPECIMEN OF ABNORMAL RENAL ARTERIES.**—*Dr. Winslow* exhibited a specimen in which there were two renal arteries on one side, and three on the other, all arising from the aorta. The veins were normal.

**REDUCTION OF DISLOCATED HIP WITHOUT THE AID OF THE LEG.**—*Dr. Tiffany* reported the case of a woman, æt. 22, whom he had been called to see in consultation in consequence of a dislocation of the right hip-joint. In early childhood—probably before her second year—she had had disease of the right knee-joint, which had left her with many cicatrices of the right lower extremity; the femur and tibia did not touch each other, and there was motion in every direction at the knee-joint. The limb was shortened, and when the patient walked the tibia went up behind the femur. Locomotion was possible as long as the perpendicular posture was maintained, but when this ceased the patient went over. It was in this manner that she slipped and fell on her right side, twisting her leg and displacing the head



of the right femur, which was seen and felt as a prominence below the anterior superior spinous process of the ilium. On giving an anæsthetic and attempting reduction, difficulty was experienced in consequence of inability to use the leg as a lever; it was impossible to make rotation of the head of the femur. The limb was then encased in a plaster splint made stiff by letting strips of wire gauze into it—the gauze and plaster alternating. After twenty-four hours this had hardened so as to be available, but it failed entirely, slipping and producing no rotation. Then a plaster splint was made, fitting pretty tightly the limb. One-half inch was cut out of the anterior aspect of this plaster casing, an anæsthetic administered and the splint bandaged as tightly as possible to the limb, so that the splint closed up in front. Rotation was now easily effected, and the dislocation was reduced in a few minutes. The treatment of the case was extremely puzzling, without any assistance to be derived from the leg. The foot got cold in consequence of the tightness of the bandage, but the pressure lasted only a few minutes. To-day is the fifth day since the accident. No extension was made. The patient was apparently in good general health.

**HINTS ON THE TREATMENT OF SOME OF THE PARASITIC SKIN DISEASES.**—*Dr. Rohe* opened the discussion of this subject with a paper. He confined his attention to diseases caused by vegetable parasites, i. e., *tænia*, *favosa*, *tænia trichophytina* and *tænia versicolor*. These are clinically distinct and easily discriminated.

*Tænia favosa* is rare in the United States—only forty cases were reported last year to the American Dermatological Association. It is characterized by the formation of yellow cup-shaped crusts on the head, each having in its centre a hair, and emitting an odor said to resemble that of mice. The fungus, consisting of mycelium and spherical spores is known as the *achorion Schœnleinii*. The object of treatment is the destruction of the parasite. The crusts are to be removed by soaking them in olive oil or lard; the hairs are then to be pulled out and parasitocides to be applied, as sulphurous acid or corrosive sublimate (gr. i to iii to the ounce).

Baldness is liable to occur if the disease continue long.

*Tinea Trichophytina* or ringworm has received different names according to location. When involving the scalp, the stubby condition of the hair is distinctive. One stage of the disease known as *kerion* is characterized by an inflamed boggy and tender condition of the patch. The treatment of ringworm consists of cleanliness and carbolized oil (1 to 16) rubbed into the patch, after washing, so as to displace the fungus. The rest of the scalp should be included in the rubbing in order to prevent the extension of the disease. Sulphurous acid is also effectual, but there is a liability to have the druggist put up sulphuric acid instead of sulphurous. *Dr. Rohé* had incised the boggy tumors of *kerion* and then in rubbed the oil in them with favorable result. Ringworm of the body is best treated by pure sulphurous acid applied to the patches. Ringworm of the face is usually gotten through the barber. An effectual application in this is corrosive sublimate, gr. i to ii to the ounce. In *tinea* of the beard or *sycosis*, all the tumors should be opened, and oleate of mercury, five per cent., freshly prepared, should be kept constantly in contact with the part. In ringworm of the thigh and genital region, or *eczema marginatum*, the inflammation and parasite both demand attention. Sulphurous acid should be applied, followed by ung. *Hebra*, or ung. oxid. zinc. Benzoic acid 3 i to water Oj is an effectual parasiticide and relieves itching.

*Tinea versicolor* consists of brownish or yellow spots over parts covered by the clothing. These spots are irregular and roundish in patches with intervals of sound skin. The most effective remedy is a lotion of the hyposulphite of soda — 3 ss to ʒj water—applied after washing the part. The spots disappear in a week, but the remedy should be continued for a week or two longer. This affection is often treated for syphilis and the treatment has been known to be continued thus for years.

*Dr. Rohé* had never had occasion to use crysophanic acid, tinct. iodine, etc.; in nearly all cases, if properly used, the above agents suffice.

*Dr. J. D. Arnold* mentioned a case of

tænia versicolor under his almost continuous observation for five years. The disease usually appeared about the beginning of spring each year, and always yielded to a month's treatment with ordinary washing soap—*sapo viridis*. The attacks were always accompanied by bald spots—*alopecia areata*—and the two things always appeared simultaneously and were cured at the same time. The spots involved the abdomen and inside of thighs, but no other parts. There was no dermatitis accompanying and no suspicion of other parasites.

*Dr. I. E. Atkinson* said ringworm of the scalp is generally too actively treated. Red precipitate ointment generally suffices for its cure. In certain cases, owing to the amount of pus, the follicle becomes larger than the hair and the latter projects from its follicle like a flower from its pot. This honey-comb appearance characterizes kerion. In dermatitis papillaris capillitii we have also a folliculitis, the difference between this and kerion being principally etiological. It is almost impossible to cure ringworm of the scalp when deep-seated and extensive. It was first noticed by accident that inflammation artificially produced destroys the fungus. Over-treated ringworm produces an artificial kerion. Croton oil has been employed for this purpose, rubbed in with a stick. This has found favor in France, and in England Alder Smith has been its especial advocate.

*Dr. Atkinson* had often used soft soap in the treatment of tinea versicolor, which it almost completely cures. Under this remedy it disappears in a week; but as soon as the patient loses sight of it he stops using the remedy. Sulphurous acid is one of the best remedies. It is not very difficult to cure the disease if treated persistently, but if a single spore remain it is sure to return. Occurring in the beard it is sometimes altogether superficial, sometimes deeper (tinea sycosis).

*Dr. Latimer* inquired how long a treatment was required for the cure of ringworm.

*Dr. Rohe* replied that it depends upon the thoroughness of the treatment. In ringworm of the scalp he does not expect a cure in less than one month to six weeks; in that of the body sometimes a week suffices.

*Dr. Latimer* knew of several cases cured by one application of carbolic acid; the effects were severe.

*Dr. Rohe* observed that pigmentary troubles are liable to be mistaken for this disease.

*Dr. Bermann* said that the frequency of tænia versicolor in phthysical patients was ascribed in Germany to night-sweats.

*Dr. Atkinson* said this was an interesting point. Not all phthysical patients have it. He could only account for this theory upon the ground that we make our phthysical patients strip, and, therefore, observe changes in the skin more readily in them. The diagnosis is one of the easiest things in the world. It is simply necessary to rub or scrape off some of the scales and examine them under the microscope. There is no desquamation or itching in ordinary chloasma.

*Dr. Rohe* said the simultaneous occurrence of tinea versicolor and alopecia areata in *Dr. Arnold's* patient must have been a mere coincidence. The latter presents none of the characteristics of a parasitic disease, and microscopical examination gives negative results.

The cases of ringworm of the scalp which he had seen had all yielded to the treatment employed. He had not met with inveterate cases.

*Dr. Arnold* remarked that the cure had lasted in his case ten to eleven months; hence it was not likely that the recurrences were due to spores remaining from the previous attack.



## EDITORIAL.

NEW THEORIES IN REGARD TO TUBERCULOSIS.—For rare, startling and original theories in pathology commend us to the advanced thinkers in our great Eastern metropoli. Usually the West plays the role of a startler, but in pathology it certainly must yield the palm to the East. Dr. Heitzman, in a paper read before the New York County Medical Society, "On the Intimate Nature of Tuberculosis," comes to the conclusion that the tubercular predisposition is founded on a lack of living matter in the individual. He reviews at length his theories with regard to the nature of protoplasm, and finds his results corroborated by the best microscopist of the age—Stricker, in Vienna—who saw the basis substance of the cornea transformed into protoplasm under his eyes. Now if there is any fact in pathology that ought to be established, and one upon which, indeed, the best pathologists both at home and abroad are agreed, it is the nature of the changes that take place in the inflamed cornea, and the cellular aggregations here are known to be formed not from the change of ground substance into protoplasm but from the wandering in of colorless corpuscles. It is sad to see an old law that we were accustomed to regard as the basis of our pathological ideas overthrown in this fell manner by Heitzman, and the best microscopist abroad, Stricker; for, according to these authorities, there is no longer such a law as *omnis cellula e cellula*, and the process of inflammation only consists in a liquefaction of the basis substance of connective tissue and setting free the living matter previously buried therein, from any portion of which a new formation of elements may proceed leading to inflammatory infiltration. In this process the capillaries are destroyed, being changed into small cells, and in a person of good constitution they may

be reformed and all will go well. But woe betide the poor constitutions! These having comparatively little living matter in their bodies, "in any inflammatory process the formation of the lost blood-vessels may be wanting, the product of inflammation in such persons must, by lack of nutrition, shrivel, dry out, as it were, and thus a product results known as tubercle." As we learned some time ago in an article on the intimate nature of tuberculosis, from a Philadelphia pathologist, that it was just the opposite of this condition, namely, a superabundance of living matter that caused an ordinary inflammation to become tubercular, we must pray to be delivered from the two extremes and find our happiness in the possession of neither too much nor too little living matter but "just enough." The old arguments against the infectiousness of tuberculosis to the effect that any irritation will produce the tubercle are used, and Dr. Heitzman thinks, as did also Dr. Formad, that the bacilli act only as irritants. It can be regarded as a fact that while any irritant may produce circumscribed foci of inflammation, which may not differ morphologically from the true tubercle, still, the disease infecting the whole body, true *tuberculosis*, is only produced by the reception of the tubercular virus; whether the active agent in this virus is a bacillus or not is another question.

W. T. C.

NATHAN R. SMITH PATHOLOGICAL LABORATORY.—The proposition of the Alumni of the University of Maryland to do honor to the most distinguished of Maryland surgeons by founding a pathological laboratory bearing his name, is one worthy of highest praise and will doubtless meet with the cordial approval of many of his pupils scattered far and wide over the continent, who revere his memory and prize his instructions. There is no figure so prominent as his in the affairs of

the University, from the time of his election to the Chair of Surgery in 1827 to his withdrawal in 1870, and so well understood was this that his predominance in its councils obtained for him the significant appellation of "Emperor."

As for the need of such an establishment there can be no question, and if chemical and pathological laboratory instruction, upon which so much stress is now deservedly laid, be absolutely requisite to meet the demand for higher professional attainments, still more so must be that in pathology which is of far greater practical utility to the physician than either of the other branches. Hughlings Jackson goes so far as to say that a good physician must be a good pathologist.

Shall this movement, like so many similar ones, terminate only with a resolution or a paper endowment? We hope not; there should be a liberal and very general response upon the part of the friends of the University, which shall place her in a position to give her students the advantages of instruction in this important branch which has hitherto been taught in Baltimore either not at all or else in the most rudimentary manner.

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### MISCELLANY.

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REDUCTION OF DISLOCATIONS OF THE HUMERUS.—*Mr. J. E. Kelly*, of Dublin, has suggested a new method of reducing dislocations of the humerus that we think promises well. The method is described thus: "For the operation a bed firmly fixed is of importance, and should be, if a subglenoid dislocation is to be reduced, about three inches lower than the great trochanter of the operator, while one lower still by a couple of inches for the anterior dislocation, and a little higher for the posterior, allows the

force to be applied advantageously in the direction of the glenoid cavity. The patient is placed on his back on the bed, close to the edge, with his head low. Mr. Kelly divides the operation into two stages. In the first, the operator places the injured arm at right angles to the body, and standing against it, with his side to the patient and his hip pressed firmly into the axilla, folds the arm and hand of the patient closely round his pelvis, and fixes the hand firmly, by pressing it against the crest of his ilium. The second stage, during which reduction is effected, consists merely of a rotation, or version, of the operator's body with a force and rapidity which will vary with the nature of the dislocation. For any additional manipulation the surgeon has the hand next the patient's axilla disengaged for such manœuvres as lifting the head of the humerus into its cavity, making traction upon it forward or pressure backward, according to the nature of the accident. By this method no assistant is needed, and an anæsthetic does not require to be administered" (*London Lancet*, wky. ed., pp. 995-996, Dec. 9th, 1882). It appears to us that a trial of this plan before proceeding to anæsthesia, and more especially in recent dislocations, would be eminently proper. That dislocations are amenable to reduction without anæsthetics is becoming more and more recognized. Your reporter has himself reduced a recent dislocation of that troublesome variety, the foot completely inwards, without ether, within the last week. But more than this the method commends itself in the firm grasp we secure of the limb, the rounded, blunt surface projected into the axilla (the thigh of the operator), and the amount of physical force at our disposal in returning the displaced bone to its normal position.

In connection with the subject of reduction of dislocations of the humerus, or, as it seems to us, of any other



dislocation, we would call attention to the paper of M. Kocher, read before the International Congress in London. Starting with the assumption that the position of the rent in the capsule of the joint is first to be considered, and that as it shall be made patent or closed will be the probabilities of reduction, he advises as follows in cases of subcoracoid dislocation of the upper arm-bone: "The patient should be seated with the surgeon on his left hand. The elbow-joint is first to be flexed to a right angle, and the joint firmly pressed against the side of the chest; then while holding the elbow in contact with the body, the arm is to be slowly, gently and steadily rotated out until firm resistance is encountered; then maintaining this rotation the arm is to be raised forward and a little in, and lastly to be rotated in and the hand brought toward the opposite shoulder. M. Kocher has succeeded in twelve cases of dislocations, varying from three weeks to four months old" (*Wky. Lancet*, Nov. 4, 1882, p. 773). While we agree with the *Lancet* that "we believe this method of reduction is worthy of far more attention than it has yet received," still we fear that the directions are a little complex and hard to remember.

A remarkable case of dislocation of the humerus is reported in the *Lancet* for Dec. 2, 1882, by Mr. Moxhay, in which both ends of the humerus changed their respective normal positions, the upper end slipping forward under the coracoid process (reduced seven weeks after, the patient being under the relaxing effects of tartarized antimony), the lower end of the humerus upon the anterior surface of the bones of the forearm.

Two interesting points are suggested by this case; the effects of tartar emetic, and the cause of the dislocation. Of the first it is unnecessary to say more than that now it is a curiosity. Of the second we cannot see

how it could have happened otherwise than, as is stated in the report, it followed a blow upon the back of the upper arm. But as is not mentioned, we take it that both the scapula and the forearm were fixed, and the upper extremity was in the state of flexion. That the hand firmly grasping an immovable body, the humerus projecting somewhat backwards, and the head of the bone pressing upon the anterior portion of the capsule, while the trunk and scapula were fixed, a blow upon the back of the upper arm would force it, the movable portion of the body, forward and away from its two articulations. The case seems to be, as the author remarks, "unique."

O. J. C.

**VERY HOT VAGINAL INJECTIONS.**—To prevent the scalding caused by the passage of hot water over the external parts, so frequently complained of in administering hot vaginal injections, Dr. T. M. Cook, of Sandusky, Ohio (*Amer. Journ. Obstet.*, March, 1883, p. 283), suggests the following method: The patient is placed upon a cot or lounge on the back, with hips somewhat raised above a level with the lumbar region; the knees well drawn up and separated, and feet so resting as to be easy in the whole position. He next introduces a Nott's or similar trivalve vaginal speculum, which is expanded so as to increase the capacity of the vaginal parts sufficiently to contain from two to four ounces of fluid. Using one of Goodyear's long-pipe rubber syringes, the vagina is filled slowly and by a moderate action. Commencing with the temperature at about 105° F. it is gradually increased, as it is comfortably tolerated until a temperature of 125° F. to 135° F. is reached. In one case he used water at 104° F. without producing either congestion or inflammation.

Each sitting should last from ten to twenty minutes, the water being

constantly withdrawn and renewed by warmer water. Every drop should be removed from the vagina before the patient rises to her feet. In no case where this method was used by Dr. Cook was there pain referable to the hot water, except where the water was thrown with too great force directly into the os uteri. T. A. A.

WHAT IS THE PROPER MANAGEMENT OF THE BOWELS AFTER PERINEORRHAPHY?—Dr. Wm. Goodell, of Philadelphia (*Amer. Jl. Obstet.* March, 1883), has recently had his attention called to the question of the advisability of keeping the bowels constipated after perineorrhaphy by the case of an insane woman, upon whom he has recently operated, for the relief of lacerated perineum. The patient's insanity commenced after labor, and was probably due to a complete laceration of the perineum, extending two inches up the rectum. It has always been his habit to prevent any action of the bowels during the first week after the operation. This patient, soon after coming out from the influence of the anæsthetic, tore off the bandage from her knees, removed the catheter, and by severe straining efforts secured a movement of the bowels. As she could not be controlled, laxatives were given to secure liquid stools and avoid straining. The patient walked freely about the ward from the day of operation. A failure of the operation was expected under the circumstances, but on removing the sutures it was found that in the rectal portion, and the important part of the perineum, union had taken place. Dr. Goodell intends to try the effects of laxatives in future cases.

Dr. R. P. Harris has reported the case of a woman, who, by straining efforts at defecation, defeated the operation of perineorrhaphy. In a second operation on the same patient, the bowels were kept free, and union was perfect.

Dr. E. E. Montgomery, after operating for lacerated perineum, does not use a catheter, but allows the patient to pass her water, as he does not consider healthy urine disadvantageous for a wound. He also uses compound licorice powder to keep the stools liquid. He claims good success in both primary, and secondary operations. T. A. A.

VACCINATION WITH SALIVA OF A CALF.—Dr. T. J. Reid, of Hot Springs, Ark., writes to the *Louisville Med. News*, March, 17th: "Quite recently my attention has been called to an accidental vaccination of a respectable lady in this vicinity, with the fresh saliva of a calf while sucking. This lady had on the index finger of her right hand two nævi or small warts. While milking her cow, the calf annoyed her, and she (lawfully in this state) gave it a back-handed slap, and, striking one of the nævi against the calf's tooth, contused or wounded it so as to cause it to bleed a drop or two. About a week or ten days thereafter it inflamed, causing the hand and arm to swell, with rigors and considerable febrile excitement. The pustule was well formed, umbilicated and desquamated about the 26th day. All the ordinary phenomena of a well-typed bovine vaccination, and the characteristic eschar supervening, caused me to question, what is the true bovine vaccine. If the distinguished Jenner was mistaken as to how this bovine vaccine was acquired and instead of the grease, a disease of horse's heels being the medium through the cow, it is the fresh saliva of a calf, we should experiment sufficiently to ascertain the truth."

MICROSCOPIC EXAMINATION OF THE BRAIN AND CORD OF AN EPILEPTIC.—D. J. Kingsbury (*Journ. Nerv. and Ment. Dis.*, Jan., '83) gives the following results in the histological examination of



the brain of a chronic epileptic: In the frontal lobes and around the fissure of Rolando, increase in the cells of the neuroglia, with some obliteration of the perivascular spaces.

In the horns of Ammon there were in addition to the above, cloudiness of the neuroglia cells, perivascular spaces scarcely noticeable, and ganglionic cells more granular than usual. Blood vessels dilated.

In the occipital lobe, dilated vessels, with spots of softening  $\frac{1}{8}$  inch in diameter around many of them, and increase of neuroglia cells.

In the ganglia the white matter was full of capillary infarcts not yet having undergone softening, showing distinct masses of blood corpuscles. Ganglion cells swollen, pigmented, highly granular. Some of the vessels had undergone amyloid degeneration.

In the medulla, increase of the cells of the neuroglia, dilated blood vessels, swelling and granular condition of the ganglion cells.

In the spinal cord, increase of the cells of the neuroglia in the columns of Goll, and an occasional infarct or spot of softening.

The pathological changes in the brain were more marked in the right than in the left side. H. J. B.

**POLLIO-MYELITIS IN THE ADULT.**—Dr. J. J. Putnam (*Journ. Nerv. and Ment. Dis.*, Jan., '83) reports the case of a healthy woman who, after exposure during menstruation, was seized with a chill, vomiting, and persistent pain; and immediately afterwards with widespread atrophy and loss of muscular power, the latter symptoms affecting the right arm and hand much more than any other part of the body. The bladder was paralyzed.

The patient improved to a considerable degree, when six weeks from the beginning of the attack she was seized anew with vomiting and with dysenteric symptoms, lost control of the sphincters; had a rapid pulse, with

fever and died with symptoms of prostration in two weeks, eight from the beginning of her illness. On p. m. examination, there was found ulceration of the large intestine, subpleural hæmorrhages, pollio-myelitis anterior and posterior, through the whole length of the cord, centreing in the median area of the anterior cornu; involving the right side more than the left; atrophy of the anterior nerve roots, and to some extent of the posterior; subacute inflammation of the antero-lateral white columns; a moderate amount of lepto-meningitis; thickening of the vessels everywhere, even in the posterior columns; and diffuse though moderate increase of the connective tissue.

The cell groups most affected were those of the median area and both the anterior groups, while those best preserved were the extreme lateral and posterior groups.

H. J. B.

**VACCINATION DURING PREGNANCY: ITS EFFECTS ON THE FÆTUS.**—The *Med. Times and Gazette*, of March 10th, contains an abstract of an article in the *Zeitschrift fuer Geburtshuelfe und Gynækologie* by Dr. Carl Behm, of Berlin, on the above subject. The question whether the blood-changes wrought by vaccinia germs affect the fœtus as well as the mother has been a good deal discussed. Bollinger maintained that the placenta was a kind of physiological filter preventing corpuscular matters in the maternal blood from contaminating the fœtus. Since then Spitz and Albrecht have detected the spirillum of relapsing fever in blood of the new-born, and Bollinger has retracted his proposition and believing it possible for blood-poisons, corpuscular or not, to pass to the fœtus, states that when a pregnant woman is successfully vaccinated the fœtus participates in the infection, and of course in the protection conferred. Curschman teaches the same.

These conclusions are supported by published cases in which vaccination of children, whose mothers had been vaccinated during pregnancy, was without result. Isolated cases, however, prove nothing, for failure may have been due to bad lymph or to unskilful method. The most numerous observations are Burckhardt's, who vaccinated twenty-eight pregnant women, but of their children in only eight was the inoculation successful. This series, however, was not tested, as it should have been by the vaccination, with the same kind of lymph and in the same manner, of children whose mothers had not been vaccinated during pregnancy. Opposed to these are observations of Gast, who vaccinated sixteen pregnant mothers and subsequently every one of their children with success. This divergence led Behm to investigate. He vaccinated forty-seven pregnant women, but was only able to get at the children of thirty-three. Of these thirty-three mothers, twenty-two were vaccinated in the tenth lunar month of pregnancy, ten in the ninth, and one in the eighth. In four vaccination was ineffectual, in three the non-success being proved due to the lymph. In the other twenty-nine successfully vaccinated, in seven the vesicles were not good, but in twenty-two they were typical. Of the thirty-three children, twenty-five were vaccinated successfully, eight unsuccessfully. Of the failures, six were (by test vaccinations on other children) shown to be due to bad lymph. In one of the other two the lymph used, although it produced vesicles in other children, did not produce good ones. In the remaining case the lymph was good and potent. But B. thinks this case ought to be tested by repeated inoculations before concluding that the non-success was due to protection acquired in utero from vaccination of the mother. The children of the four mothers in whom vaccination had

failed were vaccinated with perfect success. Of the remaining twenty-one, in fifteen perfect vesicles were the result; in six the vesicles were slightly modified, being few in number or small, but ran a typical course. B. concludes that vaccination of the mother during pregnancy has little if any influence on the foetus; but it is possible that it may sometimes protect the foetus, and he adds an argument for the revaccination of pregnant women and the vaccination of infants as early as possible. T. A. A.

NEPHRECTOMY IN ITALY.—*Dr. Sparado* (*Gazetta degli Ospitali*, Feb. 18th, 1883) reports that five operations for removal of the kidney have been performed in Italy: the first by Urbinati, of Cesena; the second by Raffa, of Rovigo; the third by Clementi, of Catania; the fourth by Novaro, of Turin, and the fifth by D'Antona, of Naples, the three last being successful. Prof. D'Antona's operation was performed Dec. 20th on a married lady, æt. 26, by a curvilinear incision in the left loin. Pus was found around the kidney, which was changed into a bag containing matter. The artery and vein were secured in one ligature, the ureter in another, while a third ligature on the proximal side of the others included all those structures. Perchloride of iron was applied to the stump, and iodoform sprinkled into the wound, which, on the suggestion of Prof. Palasciano, was not sutured. According to the last report (twenty-fifth day after operation) the wound was granulating rapidly and the patient progressing to complete recovery.—*Lancet*, March 10th, 1883.

A NEW INSTRUMENT FOR EXCITING UTERINE CONTRACTIONS BY ELECTRICITY.—A novel instrument was presented at the meeting of the Academy of Medicine, held Feb. 22, 1883 (*Gazette Des Hopitaux*), by M. Dujardin-Beaumetz for M. Apostoli, which has



for its object the substitution for the unipolar method of faradisation—now exclusively employed, in which one pole is placed in the uterus and the other pole on the abdomen,—the bipolar method in which both poles are carried into the uterus.

It is claimed for this new method :

1st. That it is more easily employed and does away with the necessity of an assistant.

2nd. That it is less painful.

3rd. That it is more active, localizes the action of the electricity in the uterus, permits of an easy elevation of the intensity of the electricity to the maximum point which was only rarely possible by the unipolar method.

4th. It is more effective in increasing uterine contractility and in securing the therapeutic effects for which it is directed.

The instrument consists of a hollow stem of sufficient length to reach the fundus of the uterus, and of suitable size to admit of easy introduction through the cervix. At the end of the stem are placed the positive and negative poles, separated by a short disc; through the handle of the instrument pass the two wires connected with the battery. The currents are carried through the stem to the electrodes which may be brought in contact with any portion of the uterine cavity.

T. A. A.

PREVENTION OF LACERATION OF THE FEMALE PERINÆUM.—Alexander Duke, Obstetric Physician to Dr. Steeven's Hospital, Dublin (*Br. Med. J.*, March 10th, 1883, p. 454), recommends the following method as the best preventive treatment of laceration of the perinæum: When the head has fairly engaged in the pelvis and advances with each pain, the obstetrician should take a seat by the patient's bedside, and having lubricated the left thumb or two fingers of the right hand, should introduce either into the vagina, and at the onset of

the pain, draw back the perinæum firmly, but gently, towards the coccyx, relaxing the tension gradually as the pain lessens, till the next ensues, and so on until the perinæum can be drawn back with very slight efforts. The muscular structure is thus tired out and sufficient relaxation produced for the head to pass.

In most cases so treated, he says, there is no danger of the perinæum, but when the pubic arch is narrow he takes the additional precaution of raising the patient's left hip, and supporting it on a hard pillow, whilst the shoulders are kept low, fomenting the parts, using inunctions of lard or vaseline, and taking particular care to direct the head forward by pressure with the left hand below the coccyx, or a finger in the rectum, leaving the perinæum untouched.

The drawing back of the perinæum produces no additional pain to the patient, as it is done during an uterine contraction. He says, "if nurses and students were educated as to the proper way of preparing the perinæum previous to its distension with the presenting part, we should see and hear less of lacerated perinæum."

T. A. A.

OVARIOTOMY STATISTICS.—Mr. Knowsley Thornton recently compiled, at the request of Prof. S. D. Gross, a table of statistics of ovariectomy in Great Britain, in which it appears that his own mortality is 10.67 per cent. and lower than that of any of the British operators (*Med. News*, Jan. 27, '83). Mr. Lawson Tait is aggrieved, and addresses a letter to the *Med. Times and Gazette*, March 10th, in which he says: "If the distinguished American surgeon had known that Mr. Thornton has managed for years past to put himself on such terms with his principal rivals in practice, the names of two of whom occur in the list, that they will not be associated with him in any way, Prof.

Gross would not have trusted Mr. Thornton with such a compilation. I have already discussed the matter of my own statistics, and need here only add that Mr. Thornton published information concerning them in *America* on January 27, which was not known to myself till Feb. 1, that is, the figures for 1882 inclusive. Verily Mr. Thornton's omniscience is marvellous."

In these statistics Mr. Thornton gives Mr. Tait's mortality at 11.94 per cent., whilst the latter surgeon shows that of cystic tumors of the ovary and parovarium, he has operated in all upon 76 cases, from Nov. 1st, 1881, to Dec. 31st, 1882, with three deaths, or a mortality of 3.6 per cent., the mortality in his previous series being 3.49 per cent.

This low mortality induced Mr. Tait to repeat his previous statement "that in experienced hands the removal of ovarian tumors ought to have a mortality not exceeding five or six per cent.," Mr. Thornton has evidently made a blunder. T. A. A.

COMMENCEMENT OF THE UNIVERSITY OF MARYLAND, SCHOOL OF MEDICINE.—The seventy-sixth annual commencement of this institution was held at the Academy of Music, in Baltimore, March 15th, at 12 M. In accordance with a formal request of the graduating class made known in the cards of invitation, the long-observed custom of presenting flowers to the graduates, by which friends have testified their interest and good wishes, and which has doubtless been an important feature of every commencement since the foundation of the school in 1807, was this year dispensed with. In the absence of the provost—Mr. S. Teackle Wallis—Prof. Geo. W. Miltenberger conferred the degree of Doctor of Medicine upon 97 students, and that of Doctor of Dental Surgery upon 34 students. The address was delivered by Hon.

John V. L. Findlay, of Baltimore, Congressman-elect. The recipients of the prizes were, in medicine: Gold medal, Henry Rolando, of Md.; Miltenberger Prize, W. D. Pendre, of N. C.; Chisolm Prize, J. B. B. Lowry, of N. C., and J. C. Harris, of S. C.; Surgical Prize, Ralph Steiner, of Texas. In Dentistry: Gold Medal, John F. Garrett, of N. C.; S. S. White Prize, Dental Engine, T. Austin Banks, of Michigan; Snowden & Cowman Prize, Set of Forceps, George A. Volck, of Maryland; Wilkerson Prize, Myron W. Snyder, of N. Y.; Genese Prize, Set of Instruments, Eli H. Neiman, of Penna.; Dental Register Prize, Frank P. Conklin, of N. Y.; Southern Dental Journal Prize, Walter D. Rowe, of Penna.

The annual meeting of the Alumni Association took place in the evening at the Eutaw House. The programme embraced an address by the President, Dr. Christopher Johnston, the "annual oration" by Dr. N. S. Lincoln, class of 1852, of Washington, D. C., who spoke upon specialism and the need of a higher standard of education for the medical profession, and a banquet. Post-prandial speeches were made by Professors Miltenberger, Michael and I. E. Atkinson and by Dr. R. S. Henry, of the graduating class. Music was furnished by the Alumni chorus.

The business of the meeting was postponed until the next day, when the Association met in the surgical amphitheatre at the University Hospital and the following officers were elected for the ensuing year: President, Dr. J. A. Steuart; Vice-Presidents, Drs. McKew, C. H. Jones and Wm. Lee; Recording Secretary, Dr. Richard H. Thomas; Assistant Recording Secretary, Dr. J. W. S. Jordan; Corresponding Secretary, Dr. Herbert Harlan; Treasurer, Dr. G. Lane Taneyhill; Executive Committee, Drs. Browne, J. T. Smith, Chew, Atkinson and Winslow. The Committee on



Necrology announced with appropriate remarks the death during the year of 17 Alumni. The Committee on Endowment, Dr. Miltenberger, Chairman, was continued.

The following resolutions were adopted, and the committee was directed to report a plan for the proper disposal of the fund :

*Resolved*—1, That in order to evince in a substantial manner the interest which the Alumni of the University feel in their alma mater, a fund be raised for the endowment of a pathological laboratory in the University, to be called the "Nathan R. Smith Pathological Laboratory."

2, That a committee of five, to be named by the President, be appointed to secure contributions to this fund.

3, That when, in the opinion of the committee, a sufficient sum has been raised to set the work on foot, the committee shall report the fact to the Association in order that further steps may be taken in the premises.

The Treasurer reported expenses during the year \$124. The Recording Secretary announced the reception of a photograph of Prof. Robley Dunglison, formerly a member of the Faculty of the University, presented by his son. On motion, a sum was appropriated in order to have a copy made of a portrait of Prof. Julius Timoleon Ducatel, the immediate predecessor of the present incumbent of the Chair of Chemistry.

The Association then adjourned.

The graduates of the Dental Department have also organized an Alumni Association, with Dr. R. Arthur Hungerford, of Md., as President, and Dr. A. Lee Penuel, Secretary and Treasurer.

**ACTIVITY OF THE SENSES IN NEW-BORN INFANTS.**—Genzmer, in a second edition of his inaugural dissertation (*Centralbl. fuer die Med. Wiss.*, Oct., 1882) says that the sense of touch is developed from the earliest period, and reflex actions are readily excited by the slightest stimulation of the nerves of touch, especially of the face, then of the hands, and soles of the feet. The feeling of pain is but slowly

developed, and is only clearly exhibited after four or five weeks, before which time infants do not shed tears. True muscular sense is at least doubtful. Excitement of the sense of touch gives rise to unconscious reflex movements; the amount, therefore, rather than the quality of the sensation, is observable. Closure of the nostrils occasions a reflex dyspnoea. Hunger and thirst are manifested in an increased general irritability followed by reflex movements; these cease after the first week. Smell and taste are not distinguishable in infants. Genzmer asserts, in opposition to Kussmaul, that the sense of hearing is perceptible in the first, or at most the second, day of life. New-born infants are so sensitive to light that they will turn the head to follow a mild light; whilst if a strong glare be suddenly thrown upon the eye, squinting is induced, and even convulsive closure of the lids. After a few days, the child will follow the motion of various objects by movements of its head. Between the fourth and fifth weeks the convergence of the pupils and the power of coördination in vision are perceptible. A distinct perception of color does not exist under four or five months; before then it is quantity rather than quality of light that is recognized. The inhibitory reflex centre is not yet developed in the eye; weak and moderately strong irritation excite movements which subserve that purpose. Excessively strong impressions only excite passive movements. New-born infants cannot separate the impressions on their organs of sense. The readiness of excitability is shown in the fact that the stronger the stimulation the shorter the physiological interval. —*Lond. Med. Rec.*, March 15th.

**INVERSION IN CHLOROFORM SYNCOPE.**

—*Eben Watson, M. D.*, Senior Surgeon to Glasgow Royal Infirmary (*Lancet*, March 10th) asserts that the practice of inverting the body in chlo-

reiform syncope is "contrary to sound views of the physiology and pathology of the case," and ought to be abolished. The chief source of danger in these cases is syncope or sudden failure of the heart, taking place either before suspension of respiration or simultaneously with it. In deep anæsthesia from chloroform there are always coexistent (1) a feebly acting heart, (2) an engorged state of the right side of the heart, and (3) a congested state of the lungs. In syncope all these conditions are exaggerated in an extreme degree. In inversion, which owes its general adoption to the great reputation of Nélaton, but is warranted by neither the accuracy nor conclusiveness of his experiment, the only blood which is "sent to the upper part of the body" is that in the veins of the lower part, and it must needs pass first through the right side of the heart and lungs before this can occur. But there is already too much blood in these parts, and to send more blood there is surely to aggravate the mischief. And if the venous blood in the neck and arms does get to the brain (in spite of the valves in the veins) it could only deepen the coma and increase the evil from the side of the nerve-centres. Dr. W. maintains that the best position here as in all syncope is the prone one, which best enables a feeble heart to send arterial blood to its own substance and to the brain, and that artificial respiration reinforces the heart by diminishing the blood which stagnates in the right heart and lungs. Dr. W. acknowledges to have seen inversion practiced successfully in several cases where temporary cessation of the pulse and respiration had taken place, but believes the recovery here was in spite of, rather than because of the inversion, for in as many similar cases where inversion was omitted the same result ensued. In an experience of more than 20 years he has never witnessed a death from the agent.

EPIDEMIC OF ERGOTISM.—*Griassnoff* presented to the Poltava Med. Soc. a report (*Zdorovje*, March, 1882) on seventeen cases of raphania, which occurred from July to Oct., 1881 (one hundred and one subjects were attacked, twelve of whom died; G.'s cases were those admitted to the town hospital). The age varied from 12 to 45; thirteen were male, four female. All were villagers belonging to the working class. Four died (two males, two females). The symptoms observed were: Formication under the skin (in a few); agonising pains and numbness in the extremities, especially the calves, and sleeplessness (in all); spasms (in five); loss of appetite (in all but one); headache, nausea and vomiting (in a few); exhaustion and diarrhœa, weak and accelerated pulse (in all). In all but one gangrene developed, being of the humid variety in eight, of the dry in seven; all these presented a high temperature (104° F. and over) with evening exacerbations. Gangrene attacked in one case two toes; in one four toes and a part of the metatarsus; in one a great toe and the first metatarsal bone; in three the whole of the right foot; in one both feet; in six a foot and a part of the corresponding leg; in one the right foot and left leg; in one both legs, the whole right forearm and one left finger; and in one a part of the left forearm. Three of those with gangrene of two or more extremities died. In the remaining thirteen the following operations were performed: In one, amputation of thigh; in six, amputation of leg; in two, Pirogoff's amputation; in one, amputation through the metatarsus; in one, amputation of two metatarsal bones; in one, exarticulation of a metatarsal bone and a toe; in one, amputation of the forearm. One of the patients operated on died from pyæmia. In twelve all symptoms disappeared mostly within a short time after the operation and recovery followed. The treatment



before the operation consisted in faradization, fomentations with turpentine and camphorated oil, and internal administration of quinine, carbolic acid, camphor and wine. The quantity of ergot present in the rye-meal which had been used proved to be not higher than one per cent.—*Lond. Med. Rec.*, March 15.

SOCIETY BULLETIN:—*Clin. Soc. of Md.* will meet Friday, April 6th, 8 P. M. Dr. Erich will open the discussion.—*Acad. of Med.* will meet Tuesday, April 3rd, 8.30 P. M. Dr. Richard McSherry on "Pulmonary Abscess and Limited Empyema."—*Med. Ass'n.* will meet Monday April 9th, 8.30 P. M. Dr. D. J. Reinhart on "Chronic Folliculous Sorethroat."—*Med. and Surg. Soc.* meets every Wednesday, 8.30 P. M.—*Med. & Chir. Faculty of Md.* meets in annual session Tuesday, April 24th, 12 M. Dr. J. S. Billings, of Washington, orator.

#### MEDICAL ITEMS.

Dr. Charles W. Mitchel has resigned the position of Assistant Resident Physician at the University of Maryland Hospital, and will go abroad for a sixteen months course of study in Prag and Vienna. Dr. Ralph Steiner, of Texas, a recent graduate, has succeeded him.—Dr. Robert H. Archer, of Darlington, Harford county, Md., died March 10th.—Dr. Wm. S. Forbes, Demonstrator of Anatomy, in Jefferson Medical College, Philadelphia, lately on trial for complicity in the desecration of graves in Lebanon cemetery, in that city, has been acquitted.—In Pennsylvania the bill to create a State Board of Health has failed. In North Carolina the Legislature has refused to appropriate any money for the expenses of its Board of Health.—Dr. Austin Flint, who is a staunch friend of the Code of Ethics of the Am. Med. Asso., is publishing a series of articles on the subject in the N. Y.

*Med. Journal.*—The commencement of the Baltimore Medical College will be held at the Masonic Temple, April 12th.—Dr. Frank E. Partridge died in Baltimore, suddenly, of heart disease, March 16th, aet. 57.—Mr. Richard Barwell, F. R. C. S., Senior Surgeon to Charing Cross Hospital, London, claims in the *Lancet* to have had great success in erysipelas by covering the surface with white lead paint. The disease yields "at once and unmistakably." He believes the effect to be due entirely to exclusion of air.—According to the last number of the London *Lancet*, we learn that "there is great excitement in Baltimore, owing to the discovery that vaults and graveyards all round that city are devastated, and the bodies of the recently buried carried off to the schools for dissection." Unless we are grossly ignorant of what is going on in our midst, we take it that this news is about a year old.—The Cincinnati College of Medicine and Surgery has organized a training school for nurses.—Columbia College has established a School of Sanitary Engineering.—The will of Sir Thomas Watson has been proved. The personality alone amounts to more than £164,000. This is a modest fortune for a long life of distinguished professional services.—Dr. D. W. Prentiss, of Washington, D. C., has been invited to deliver a course of lectures in connection with the department of Materia Medica, of the National Museum. The course, which will consist of eight lectures, will be illustrated by specimens and other material from the collections of the Museum. These lectures are free. They will be delivered at 4 o'clock on successive Saturday afternoons, beginning April 7th.—Upon the occasion of the recent commencement of Rush Medical College, Chicago, the Faculty commemorated the fortieth anniversary of the institution by appearing in black robes as is done abroad.

# MARYLAND MEDICAL JOURNAL.

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THOS. S. LATIMER, M. D., Diseases of Children.	

WHOLE No. 108.

BALTIMORE, APRIL 15, 1883.

VOL. IX, No. 24.

## ORIGINAL PAPERS.

### GLISSEMENT IN SURGICAL WOUNDS.

BY CHRISTOPHER JOHNSTON, M. D.,

*Emeritus Professor of Surgery, University of Maryland.*

*(Read Before the Baltimore Medical Association, March 26th, 1883.)*

However much glissement or sliding may be called into requisition in surgical operations about the face, instituted with a view of remedying defects of function, such as the liberation of a fettered inferior maxillary bone, a half-closed or distorted mouth, a yawning cheek chasm opening the buccal cavity, or correcting the errant tension of cicatrices from burns, its employment has been much more limited in the course of operations practised upon parts of the body hidden from the view, and in which a too expressive cicatrix being concealed by vestmental tutamina would not offend the eyes. But the form a cicatrix to be made on covered parts, its extent and its position

call for as much thoughtful consideration as the projected and realized lines of union along the best contrived flaps or incisions upon the exposed face, for the use of the part or member, the possible undesirable tension when loss of substance has been considerable, and the annoyance or dangers of friction, are necessary factors in casting the horoscope of the region to be attacked. Indeed the management of cicatrices is as much a fine art as the production of a picture in mosaic, and the conception and creation of flaps in plastic operations which are causative of cicatrices involve, as of course, the exercise of some of the best faculties of the surgical mind. And true as is this with regard to the lines of juxtaposition of the adherent and living mosaic blocks that even particular direction is given to solitary incisions practised upon the body with the intention of releasing a strangulated intestine or evacuating a deep-seated collection of pus, so that the resulting scar will not bind the part, but rather leave its motion free to conceal itself in a convenient



sulcus or under some overhanging fold of integument.

On the other hand the aforementioned care is made to reverse its direction whenever the powerful tonic tension of a future cicatrix is demanded, or in a variety of operations intended to close a chasm, and here the actual cautery is employed, or else to poise the balance of a weak member and hold it while efforts are making to develop its sarcotic energy.

A cicatrix therefore may be detrimental in many ways and be disfiguring, yet its injurious influence may be checked through the sagacious forethought of the surgeon, or it may be made subservient and obedient under circumstances which require it to yield to compulsion. But besides its perverse mechanical and evil actions, real danger frequently fixes its abode in a scar which is allowed to contend as a neoplastic formation against pressure or blows, or, worse than all, against friction. And if I dare to speak of an inherited predisposition determining in consequence malevolent cell-building, I would state no more than the truth, although such a proneness is shown far more decidedly when elaborate means, such as needle and wires are called into requisition to approximate the margin of chasms created when excisions of malignant growths have been done, and presumably with success.

Therefore it behooves the surgeon to look to it that if possible he leave no unsightly scars, unsightly even to the mind's eye, and that he so locate and direct the path of his knife as to shelter the cicatrix which may follow from the rude assaults of inimical blows or attrition.

This train of thought was prompted by a reference to a case of melanotic sarcoma, which some time back I was called upon to extirpate. Not that many other cases of plastic surgery would not have come to my mind as illustrating the precepts set

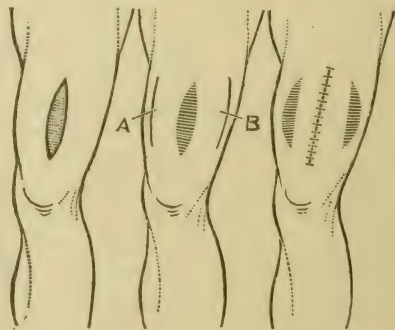
forth in the remarks just made by me, but this one, from its very successful issue, and also because it first addressed my mind, seems to me the most fitting. Besides, the operation was done upon the thigh of a male adult, a location full of concealment, of course, but one in which a surgical cicatrix ought to be devised with the same attention and art as if it were prominently conspicuous, and with the same consideration as to the future uses to which the member would be put, and the accidents to which it would be subject.

The case was this: A Methodist preacher, at times a circuit rider, had long suffered, say three years, from a melanotic tumor upon the front of his left thigh. It was single, was four inches in length by two and a half in width, with a projection of three quarters of an inch.

It had begun to ulcerate; exhaled an odor, and yielded a small amount of discharge.

On the 7th of a certain month of May, and assisted by Dr. St. George Teackle, I removed the mass with the scalpel, including the tumor between two elliptical incisions.

To obviate a wide scar on the arch of the thigh, I made other two longitudinal incisions, one on either side of the wound, of the same length, and situated at about two and a half inches from its corresponding margin.



I next detached the strips (*a* and *b*) from their deep connexion (leaving

the ends adherent, of course,) and, drawing their inner margins together by sliding or glissement, I joined these with many silver sutures.

Adhesion by first intention occurred along the entire line of sutures, and the two gaps margining the sides healed without mishap, and left only moderately narrow scars.

My objects were attained: the substitution of two lateral cicatrices for one median one, and the consequent reduction of chances of a return of the disease by friction or pressure.

As for dressing, let me say that the application employed consisted of boiled linseed oil, xi parts, and carbolic acid i part, or one-twelfth; although to-day I would prefer vaseline or petrolina oil to the linseed oil.

And so it turned out that my good patient made a perfect recovery, and soon returned to his duties as pious itinerant in the saddle. And what is the more gratifying his health continued unimpaired, notwithstanding the uses to which he put his limb; and years afterwards I learned from a relative of his that he thought more and more kindly of a cutting surgical operation, to which he believes he owes his life and the comfortable exercise of his member, which he fully enjoys.

## A CONTRIBUTION TO CEREBRAL LOCALIZATION. OCULAR MONOPLÉGIA. TUMOR OF THE OPPOSITE HEMISPHERE.

BY HENRY J. BERKLEY, M. D., OF  
BALTIMORE.

The patient, Ellen O'B., a native of Ireland, first came under my care in November, 1881, for varicose ulcers of the leg. She was an habitual drunkard, but not syphilitic. At this time I noticed a certain slowness of speech, together with a peculiar look about the eyes, and a blank express-

ion of the face, the woman staring fixedly at you when spoken to, as if not fully comprehending the question, always, however, answering to the point. Her memory seemed very defective, and she herself acknowledged that it was not as good as it used to be. There was also complaint of frontal headache, not severe but dull, throbbing and continued.

Very shortly afterwards vomiting commenced, occurring with great regularity every morning on rising, nearly always preceded by a paroxysm of coughing.

About the first of January, '82, in addition to the other symptoms, she began to have vertiginous attacks, during which she would fall, sometimes bruising herself quite severely. Throughout these attacks there was no loss of consciousness, the patient afterwards relating what had been done for her in her "faintness;" nor were there any convulsive movements of the limbs, hitch in the breath, or biting of the tongue. Soon the vertigo never ceased when she was standing, so that she was compelled to assume the supine position constantly, or if, from necessity, she had to be moved, requiring the constant support of an attendant, else she would fall to the ground. Vision was at all times good: though unable to read she could readily perceive minute objects and name them after some hesitation. The pupils were usually normal, or in a state of moderate dilatation, and were not irregular. There was no conjugate deviation. Olfactory perceptions were not examined. The functions of the vegetative organs were regular.

For two weeks before death she lay in a semi-comatose condition, refusing all but liquid nourishment. If roused and asked a simple question, such as her age, where she was born, and the like, she would answer distinctly, though after a hesitation lasting several moments, but if asked anything



more difficult to solve, it was impossible for her to do so.

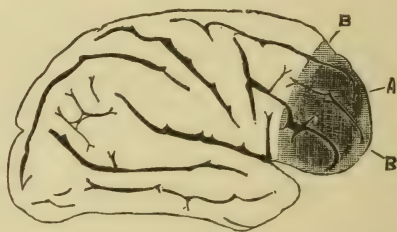
About a week before her decease, ptosis of the left eyelid very gradually developed, the fall of the lid lasting two days, morning and night, the difference being measured. All efforts to make her move the drooping lid proved futile; she would lift the right when loudly commanded to raise the eyelids, but never the left. This was the only motor symptom that occurred during her illness.

Auscultation showed no organic disease of the lungs or heart: the force of the latter organ was very feeble, and at times the radial pulse could scarcely be felt. A modified Cheyne-Stokes respiration commenced soon after the coma set in, continuing till the end. Respiration ceased before the heart's action.

Autopsy March 2nd, 1882.—The body was somewhat emaciated. The brain only was examined.

The cranial bones were of medium thickness, and without noticeable asymmetry. The dura mater and pia mater were normal over the entire left hemisphere, cerebellum, and right hemisphere, except the frontal lobe of the latter, where the dura was adherent to the right side of the frontal bone, immediately subjacent to the frontal eminence for a space five cm. in diameter, where it was roughened, vascular, and adherent to the brain tissues. Underneath the thickened dura and intimately attached to it a hard mass could be felt. Section of this body revealed a largish, irregular tumor of yellowish gray color, four cm. in breadth by about the same in length, occupying the anterior third of the lobe with a zone of softening and broken down cerebral substance around it, extending backwards two cm. in the three frontal convolutions, downwards involving the anterior half of the orbital gyri, anteriorly the narrow end of the lobe beyond the growth. On the inner

surface of the hemisphere the disintegrated tissues only covered the extreme end of the lobe. In the centrum ovale the broken down substance did not reach the extremity of the caudate nucleus, a considerable band of sound fibres being interposed. The greater portion of the softening, especially that on the convexity of the brain seemed to be of recent date.



Site of the lesion depicted on one of Ferrier's diagrams. A. Tumor. B. B. Zone of softening surrounding it.

Convolutions—Right side. Complete reduplication of the second frontal as far as the necrotic border, an exceedingly broad ascending frontal, and a very attenuated ascending parietal. The gyrus fornicatus was unusually short and crossed transversely by numerous clefts. Other gyri normal. The left hemisphere had no irregularities in the convolutions. The principal fissures were all as is usual. The sulci were rather shallow, generally averaging not quite  $1\frac{1}{2}$  cm. in depth. The cortical gray matter was somewhat thinned.

Section of the hemispheres, cerebellum and bulb revealed no further lesion. The encephalon was atrophied considerably.

All the vessels of the base were quite atheromatous: the choroid plexuses of the lateral ventricles were granular.

Thin sections of the tumor showed it to be of sarcomatous nature.

Commentary.—Reference to Fig. 27 of Ferrier's work on "The Localization of Cerebral Disease," will show the softening to have extended sufficiently

far backwards to touch centre 12 in the superior and middle frontal convolutions; the region which, in the monkey, when stimulated, causes "elevation of the eyelids, dilatation of the pupils, conjugate deviation of the eyes, and turning of the head to the opposite side," none of which were present in this case with the exception of the first (or rather its converse paralysis from destruction), and possibly though very uncertainly the second, since a medium mydriatic state of the pupils may ordinarily be found in any disease of an exhausting nature.

Quite a number of negative cases are recorded as to this locality, containing the oculo-motor centre: it will suffice to cite one of them, that of Hughes Bennet, in the January issue of *Brain* for 1883, in which a glioma the size of an orange occupied the centrum ovale of the right hemisphere, having a circular patch of softening the size of a crown above it, occupying nearly the whole breadth of the ascending frontal at its middle, but not extending as far backward as the fissure of Rolando; the posterior end of the middle frontal convolution, and a small portion of the bases of the inferior and superior frontal gyri.

As will be readily seen the necrosed area did not extend as far forward as in the present example, hence the motor centre governing the upper eyelid was not touched.

A mere hypothesis why the other movements in the oculo-motor centre were not involved, would be that the rapid extension of the necrosis in the last days of life had only arrived at the extremest border of the motor zone.

JULES CLOQUET has just died in Paris in his 93rd year. He was the author of a number of works of merit, of which his anatomy, published between 1821 and 1830, in five volumes, folio, with 300 plates, containing more than 1300 figures, a great number of which were designed after nature by the author himself, is the most extensive.

## HOSPITAL REPORTS.

### PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL.

MONTHLY REPORT FOR MARCH, 1883.

BY J. J. CHISOLM, M. D.,  
Surgeon in Charge.

The attendance during the month has been the largest in the history of the institution. Four hundred and fifty-one new cases were admitted, and the daily attendance aggregated 2,815. The largest number on any one day was 160, with an average of 104 persons for each day of the month. Operations performed during the month 97, representing most of the operations performed upon the eye, ear or throat. Among these one or two are of special interest.

1. Elucidates a point which I have been trying to establish for some time, viz., *that œdema of the conjunctiva in an eye recently lost by injury, indicates the presence of a foreign body in the vitreous chamber.*

W. C., aged 43, a mechanic, was struck in the right eye by a piece of iron either from the surface of a hammer, which he was using, or from the piece of iron he was striking, he could not tell which. He was knocked down by the blow. I saw him within two hours. I found a clean corneal wound running upwards from the centre of the cornea to the ciliary region. The anterior chamber was empty, iris in contact with the cornea, lens clear, pupil black, but giving no red reflex upon illumination with the ophthalmoscopic mirror. This indicated hemorrhage in the vitreous. As he had been knocked down by the blow the patient was under the impression that he had been struck by a large piece of iron, and that no foreign body complicated the wound of the eye. Quiet, cold lotions and an atropia solution were prescribed. On the next day the lens was cloudy. He had



suffered no pain. There was no perception of light.

There were clearly corneal and lens injury. These might have been inflicted readily by the sharp point of a fragment of iron too large to enter the eyeball. The symptoms and appearance did not indicate the presence of the iron. He was very anxious to retain the eyeball although there was very little promise of usefulness in the eye. On his visit three days after the accident, I observed that within the past twenty-four hours the lower portion of the ocular conjunctiva had become œdematous. This œdema was not the general hard chemosis of purulent ophthalmia but a loose infiltration of serosity, which I had often recognized as a sign to me of the presence of a foreign body in the eye. I saw in the œdema not only the suspicion that the piece of iron was in the eye but that panophthalmitis was about developing with the prospect of much intense and long-continued suffering. I therefore, now in the presence of the developments of the past twenty-four hours, urged him to have the eye removed. Under chloroform, enucleation was performed. A thin scale of iron as large as the nail of the little finger was found in the vitreous chamber resting on the ciliary body, and embedded in a blood-clot, which filled the chamber. Already there were inflammatory deposits in the immediate neighborhood of the foreign body, indicating the preparation for an outburst of acute inflammatory phenomena. As it had often done before, the œdema of the conjunctiva lead me to a correct conclusion of the presence of a foreign body and caused me to urge the proper remedy, enucleation, thereby anticipating the outburst of inflammatory suffering. It promises to be a very valuable sign to which I have not seen attention called.

2. Case illustrated the brilliant result of extracting a cataract in its capsule, even when not designed. Mrs.

O., 54 years of age, but apparently very much older, judging by her white hair, loss of teeth and shrunken appearance, had been blind for three years. When examined I found a cataract fully formed in each eye. She had good perception of light. In each eye there were iritic adhesions to the capsule of the lens, in the right interfering much with the free dilatation of the pupil, and in the left restricted to the lower border of the pupil. As the left eye promised the best result, that one was selected for cataract extraction. Under chloroform the operation of corneal section and iridectomy progressed as usual. The eye was deeply set, necessitating some traction to expose the corneal wound and facilitate the iridectomy. As soon as the piece of iris was removed the lens or capsule presented itself in the corneal opening and showed a disposition to escape, which when encouraged by additional pressure was safely effected without loss of vitreous. The retaining bandage was removed by the third day. No inflammation whatever occurred. The corneal wound had healed promptly, and good vision with a brilliant black pupil already existed. Two weeks later the second eye was operated upon under chloroform. In this eye the suspensory ligament refused to yield and the lens capsule had to be opened as for ordinary extraction. The eye has also done well but with much slower progress.

### SOCIETY REPORTS.

#### PROCEEDINGS OF THE MEDICAL SOCIETY, DISTRICT OF COLUMBIA.

REGULAR MEETING HELD FEB. 7, 1883.

(Specially reported for *Maryland Med. Journ.*)

The Society met, with the President, Dr. A. F. A. King in the chair, Dr. T. E. McArdle, Secretary.

*Dr. E. M. Schæffer* read notes on THREE FATAL CASES OF CANCER OF THE BLADDER as follows:

CASE I.—Mr. S. The patient was a large man, about 55 years old, sallow complexion.

His urine was first examined for Dr. D. R. Hagner, March 11th, 1872, at which time he had been at intervals passing large quantities of blood from the bladder for some months. His general health was good.

The color of this sample of urine was pale and smoky, reaction neutral, albumen  $\frac{1}{2}$  by bulk.

Under the microscope it showed a great number of blood corpuscles, and epithelial cells resembling cancer cells, which at the time were supposed to be from the ureter and bladder, and not from a morbid growth. No tube-casts.

A few days after a sample was examined, which contained much pus and a comparatively small amount of blood.

The diagnosis was not clearly made out.

I saw this patient unprofessionally for several years after this, and he complained of much distress from his bladder, the hemorrhage still recurring at intervals.

He died about June 1st, 1880, and Dr. Lincoln reported the cause as cancer of the bladder. At the request of that gentleman I examined the bladder, which had been placed in the Army Museum, and found it to be a carcinoma, the spindle-shaped cells predominating over other forms.

The history of this case is instructive. Was this man suffering from a cancer during the period of eight years intervening between the first observation and his death? I believe the cells noted in the first instance were from the growth, which subsequently caused his death.

CASE II.—Mr. E. A man about 70. Examined his urine for Dr. C. M. Ford, August 31st, 1882.

Two samples showed under the microscope numerous fusiform cells with one or two very long, slender prolongations not to be found in any specimens of normal urine.

Also dense, flat, irregularly-shaped cells, such as occur in epithelioma.

Diagnosis epithelioma of the bladder. Patient died about ten days after.

Examined the bladder, and the struc-

ture of epithelioma was shown in the specimens.

CASE III.—Mr. A. A patient of Dr. Robert Reyburn, for whom I made several examinations of the urine, from Jan. 17th to Feb. 28th, 1882.

Patient about 63, had suffered for several months with pain in the region of the bladder and hæmaturia. Had consulted eminent surgeons in Paris and in this country. Dr. Reyburn's diagnosis was cancer of the bladder, to which the symptoms strongly pointed.

The first sample showed only a large proportion of blood and granular debris, but a later one contained a large number of caudate and fusiform cells, with large nuclei.

Diagnosis cancer of the bladder.

Patient died not long after, and no autopsy was permitted, but the case was a clearly-marked one of malignant disease. Dr. Reyburn represented that the suffering was excruciating.

Notes from two other cases read, which showed somewhat similar cells. One case died, and no autopsy was made; the other one was living when last heard from.

A case was cited where large amounts of blood were passed for some time, but no suspicious cells seen. The hemorrhage yielded to styptic and astringent injections by Dr. James T. Young, and the patient was seen a few days ago engaged at his business and apparently in good health.

In conclusion, is it possible by the microscope to diagnose cancer of the bladder?

The results in these cases appear to show that the detection of abnormal cells detached from a malignant growth is an indication to be carefully searched for, and when found renders the diagnosis certain in otherwise doubtful cases.

When not found, after using proper precautions, and especially after searching through specimens obtained when the urine is free from an excess of blood, it renders the diagnosis much more favorable. At the same time it is reasonable to suppose that a morbid growth may exist and the cells not be washed out in any number, till a late stage of the disease.

Dr. D. R. Hagner said the first case



reported by Dr. Schæffer had been his patient. The man was magnificently formed, over six feet high, and a perfect picture of muscular development. He had been under the care of a well-known physician in Baltimore. When Dr. Hagner was called to see him for the first time, he found him suffering from colicky pains, with the blue mark along the gums and other symptoms of lead poisoning, evidently caused by the continuous use of a prescription given by his former doctor. The colic being relieved, attention was turned to the discharge of blood from the bladder. In consultation with the late Dr. W. P. Johnston the conclusion was reached that some vascular growth existed at the neck of the bladder. That viscus would become full of blood and feel like a ball above the pubes. Nothing would be passed by the urethra and the doctor would be compelled to wash out the bladder, which would again become filled with blood, immense quantities thus being passed. He sent the patient to the Rockbridge Alum Springs and for a year or eighteen months no more blood was passed and the general health improved. In a subsequent attack he came under the charge of other physicians and Dr. Hagner did not see him again until a short while before his death. He then agreed with Dr. Lincoln that the man had cancer of the bladder.

*Dr. Robert Reyburn* said he had seen the case just spoken of by Dr. Hagner, and the second case mentioned by Dr. Schæffer has been attended by him from first to last. This patient has been under his charge for nearly four months, and during that time his pain was most excruciating. For nearly three months his physicians were constantly with him, for his bladder would fill up with blood and he could not relieve himself. Whilst the microscope will aid us in making a diagnosis in these cases there are other things in which we must place reliance. He regretted that he did not open this man's bladder, and thought it unjustifiable to let him suffer as he did. There would be little risk in opening the bladder in the median line, and the growth even might have been removed. Though he would scarcely expect to have cured

him, great relief, at least, would have been afforded. In response to a question from Dr. Garnett, Dr. Reyburn said the patient was a member of Congress, sixty-three years old. About fifteen months before he saw him, he had evinced symptoms of bladder trouble. He went to Europe and on the return voyage was thrown with great violence against the side of the vessel. A hemorrhage from the bladder now occurred for the first time. In December following, the hemorrhage increased in frequency until it became of hourly occurrence. The suffering was intense. An operation was suggested and the patient consented, but for some reason it was delayed until it was finally deemed undesirable owing to the condition of the patient.

*Dr. Garnett* asked Dr. Reyburn if the suffering might have been due to the accumulation of fluid in the bladder and inability to void it. Was the pain due exclusively to the cancer?

*Dr. Reyburn* has no doubt the pain was due to both causes. It was intense whilst the urine was passing. The bladder became so filled with the growth that urine was constantly passed in small quantities. There was no question as to the presence of cancer. All who saw the case agree in the diagnosis.

*Dr. Garnett* did not mean to question the diagnosis, but he desired to know what would be gained by opening the bladder if the pain was produced by the cancer, unless that too were extirpated.

*Dr. Reyburn* said obstruction to the passage of water made the constant use of the catheter necessary. An operation would have given a means of continuous flow. A tumor which would elsewhere prove benign, becomes dangerous to the patient when it has its existence in the bladder.

*Dr. Schæffer* said, in response to a question by Dr. Garnett, that the growth was not circumscribed but was chiefly near the neck of the bladder. In Dr. Ford's case there was a thickening of the whole posterior portion. He did not see how scraping off the tumor would relieve pain, for it would only lay bare the surface and make it more susceptible to the irritating influence of the

urine. Such is the case in vesical calculus.

*Dr. Reyburn* said the bladder has been opened for cystitis. *Dr. Schæffer* forgot that the bladder is a contractile organ. A fistulous opening would permit the urine to continually pass out and leave the bladder at rest. If he opened the bladder and found a pedunculated growth he would remove it.

### BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD MARCH 6, 1883.

(Specially reported for *Maryland Med. Journal*).

RESULT OF OVARIOTOMY DURING PREGNANCY.—*Dr. H. P. C. Wilson* reported the result of the operation performed two weeks since for the removal of a dermoid ovarian cyst from a patient in the fifth month of pregnancy, an account of which was given at the last meeting (see *MD. MED. JOURN.*, March 1st, 1883, p. 536). No miscarriage has taken place, and the patient is now up and walking about. *Dr. Wilson* had previously reported to the society a successful case of the same kind, and these are the first cases of the sort reported in Maryland.

*Dr. Wilson* made a statement with regard to the results of the operation of hysterectomy. He had previously referred to these, and his assertions had met with great incredulity. He was now able to report that Keith, of Edinburgh, had performed hysterectomy for large fibroid tumors eighteen times and lost but one patient, and that Bantock, of London, had operated twenty-six times with a loss of five.

*Dr. Browne* asked whether in these cases there has been a total extirpation of the uterus, or only a partial one. If the latter, the statistics are more favorable than is justifiable.

*Dr. Wilson* replied that the term is applied to any removal of any part of the organ.

OÖPHORECTOMY AND REMOVAL OF FALLOPIAN TUBES (TAIT'S OPERATION).

*Dr. H. P. C. Wilson* reported the third operation of this nature that he has performed, as follows: Miss C., of Va., a

lady of birth and education, æt. 20, first menstruated at 13. Present illness of 18 months duration. Admitted to "Hospital for the Women in Maryland," Feb. 1st, 1883. Had menstruated but three times in three years, although previously regular. The amenorrhœa had been accompanied by low spirits, increasing to melancholia, so that when she came under care she was on the verge of insanity, with suicidal tendencies. All efforts to reestablish the menses had failed. Her bowels were variable—sometimes costive, sometimes loose; she had an aversion to food. She walked the floor, wringing her hands as if in great mental distress. Appearance healthy, face rather ruddy. She was quite fleshy.

Examination per vaginam revealed a uterus in position, with a cavity  $2\frac{1}{4}$  inches deep; otherwise it was quite normal. Vagina red and congested. External genitalia normal.

For one month she was treated by stimulating applications to the cavity of the uterus, emmenagogues and counter-irritants over the lower abdomen, outdoor exercise, nervous stimulants, etc., but her mental condition grew worse, and Tait's operation was decided on.

March 1, 1883, at 3 P. M., she was given  $1\frac{1}{2}$  ounces of whiskey and placed under the influence of chloroform. An incision of 4 inches was made in the median line, through which two fingers were passed down, the left ovary seized and with its Fallopian tube drawn out through the incision. The pedicle was then compressed and condensed by *Dr. Wilson's* oöphorectomy clamp, transfixed below the clamp with a double silk ligature, which was tied on either side, and the pedicle then severed on the upper surface of the clamp.

The right ovary and Fallopian tube were removed in the same manner, each stump being touched with Monsel's solution before removing the clamp.

No blood escaped into the abdominal cavity, and the only embarrassment occurring during the operation was due to the difficulty of keeping the omentum and intestines within the abdominal cavity. Owing to this cause the operation occupied one hour.

The abdominal incision was then



closed with silver sutures and a carbolic compress secured upon it by a loose bandage.

Carbolic spray was diffused through the room before the operation, and the instruments, hands, etc., were thoroughly carbolicized.

The left ovary was about three times its natural size and contained a number of cysts. The right was atrophied, and about one-half its natural size. Both Fallopian tubes were inordinately congested.

On recovering from the chloroform the patient complained of abdominal pain and vomited a good deal. Only ice was allowed. In the evening of the second day the temperature was  $103^{\circ}$ , and the patient was ordered to be sponged from head to foot with cold water, and cold cloths were kept on the abdomen. Owing to the persistence of the nausea she took nothing but ice into her stomach until the third day, when lime-water and milk were ordered. On the fourth day she suffered from great nervous excitement with despondency and was with difficulty kept in bed. In the evening the temperature had risen to  $102\frac{1}{2}^{\circ}$  and pulse to 120. The cold sponging was repeated and thirty drops of Magendie's solution of morphia administered hypodermically. On the fifth day (the day of the report) the mind was clear and free from excitement; the temperature had fallen to near the normal. There was slight return of excitement in the evening, for which fifteen drops of Magendie's solution were given. Dr. Wilson regarded the patient as now out of danger as far as the operation is concerned, but of course the effect upon the sexual functions cannot be as yet determined.

**THREATENING PAINS RECURRING EACH MONTH DURING PREGNANCY.**—*Dr. Chisolm* reported the following case. Some days ago, at the University Hospital, he performed iridectomy upon an old gentleman for glaucoma. He was accompanied by his daughter as a companion. During their stay she was very much frightened by the screams of a delirious patient occupying a neighboring room. In consequence of the excitement thus produced his daughter had

an hysterical paroxysm. She was a married woman three months advanced in her fourth pregnancy. Opium was given, which made her delirious. She had for several hours most violent uterine contractions and miscarriage was considered inevitable. Chloral in large doses was given as opium could not be borne. When seen the next day the patient was all right. She had no show. During her previous pregnancies this patient had had similar violent paroxysms of pain at periods corresponding to her menstrual flow, and her physician had apprehended abortion in several of these attacks.

**PROJECTION OF A SAC OR BLADDER THROUGH THE VULVA OF A PREGNANT WOMAN.**—*Dr. F. E. Chatard, Jr.*, reported the following case: A lady seven months pregnant, who was much on her feet during yesterday, felt a sense of heavy weight in the pelvic region in the evening, and her husband discovered a large bladder projecting outside the vulva. Some hour or so later Dr. Chatard found the projecting part the size of a hen's egg; the husband said that it had been larger than this, reaching the size of a small-sized orange. Dr. C. traced the sac into the os uteri, where he could distinguish the limbs of the fœtus. She had a slight uncomfortable feeling in the back and stomach, but no pain or bearing down. There was no evidence of prolapse. To-day the sac has retreated entirely within the os, which is of the size of a five-cent piece, and soft and dilatable, and the patient is free from any unpleasant or threatening symptom.

*Dr. McKew* suggested that the occurrence was due to painless uterine contractions, and recalled the case of a primipara, aged 24, whom he saw twenty years ago. He was present during the entire labor, and she insisted that she had no pain whatever, throughout. Had not observed her in subsequent labors as she had moved away from the city.

*Dr. Cordell* suggested the presence of an excessive quantity of amniotic fluid, and referred incidentally to a case of a woman at term with her third child, in whom coinciding with this excess he found a well-marked ballottement, a sign which Playfair and Cazeaux say is not found after the seventh month.

*Dr. Chatard* said that his patient's first labor had been normal, with the usual pains.

**LOCAL SEROUS DEPLETION IN ANASARCA.**—*The President* spoke of the advantage he had derived in the treatment of anasarca by the introduction of needles into the œdematous skin and allowing them to remain there for a half hour. A profuse draining away of fluid will follow this procedure.

**RUPTURE OF THE DRUM-MEMBRANE.**—*Dr. Chisolm* related a case of aural catarrh. A gentleman came to him three weeks ago for diagnosis. He had had earache but at this time was free from pain; he had a watery discharge from the ear. Upon examination a perforation of the drum-head was found. There had evidently been a non-suppurative catarrh of the drum cavity, leading to an accumulation of liquid and rupture of the membrane. After several days the discharge became purulent.

*Dr. Chisolm* also related the case of a lady who had consulted him on account of a roaring of some months' duration in both ears. The hearing was good and there was no pain. She stated that her physician had examined her ear, introducing a small tube, but said there was nothing wrong to be seen. Immediately she experienced severe pain and had a discharge of water. In consequence of this she accused the physician of perforating the drum-membrane. *Dr. Chisolm* gave the opinion that she might have had a rupture, as a sequence of aural catarrh, and thus the examination by the physician may have been a coincidence rather than the cause of the perforation.

**RASPBERRY EXCRESCENCE FOLLOWING VACCINATION.**—Owing to the lateness of the hour, *Dr. Van Bibber's* paper on vaccination was laid over until the next meeting. *Dr. V. B.*, however, read the following letter from *Dr. Frank P. Foster*, editor of the *N. Y. Med. Journal*, with regard to the nature of the so-called raspberry excrescence, observed in some persons after vaccination and at the site of the operation :

NEW YORK, Feb. 26, 1883.

*My Dear Doctor:*—The "raspberry excrescence" is well-known, and is generally called by that

name in this region, although one New York writer calls it "fungus," manifestly an improper word. *Dr. Hardaway*, of St. Louis (*"Essentials of Vaccination,"* Chicago, 1882, p. 48), calls it red tubercle. Relying apparently on *Hebra*, *Dr. Hardaway* states that it suppurates; I have never known it to do so, and I have seen a good many cases. I never saw it until the summer of 1877, when it was quite prevalent in New York, constituting the usual rather than the exceptional result of vaccination. Since then, we have seen more or less of it every year, but it has not been so common.

The lesion has always seemed to me to be an abortive pock, *i. e.*, a pock in which the evolution does not go beyond the stage of engorgement of the papillary layer. No effusion of lymph occurs into the epidermis, at least none of any account, but the swollen papillæ become telangiectatic and remain so for several weeks or even months.

*Why* the lesion should take this turn is to me a perfect mystery. It takes place after the use of all sorts of virus and in all sorts of subjects. I do not suppose that it is protective against small-pox, and I *know* that it is not a serious bar to successful vaccination subsequently.

The literature of the subject is unsatisfactory, but it shows abundantly that this perverted lesion has been known for many years. If you could get a section of one of the tubercles and study it microscopically you might add something to our knowledge of this curious lesion. Several years ago I saw a few examples of it on calves, and might have taken sections; I have never ceased to regret my omission to do so.

\* \* \* \* \*

Yours very truly,

FRANK P. FOSTER.

**MISCELLANEOUS.**—A question arising as to whether an election for officers should be held at this meeting, which would be the annual meeting but for the recent action of the society changing the time of the annual meeting to October, *Dr. H. P. C. Wilson* moved that the present officers retain their position until their successors are elected. Adopted. The Treasurer presented a report showing a balance on hand of \$289.68, and all expenses for the year paid. On motion it was resolved that the conferring of the prize for the best paper read before the Academy during the year be postponed until the first Tuesday in October.

The Academy then adjourned.



CLINICAL SOCIETY OF  
MARYLAND.

STATED MEETING HELD APRIL 6, 1883.

*(Specially Reported for Md. Med. Jour.)*

The Society was called to order at 8:45 P. M., DR. SAMUEL THEOBALD, Pres'dt., in the chair. Dr. E. G. Waters was elected to membership, and Drs. Wm. H. Noble, L. L. Bitting and J. H. White proposed as members. Dr. A. F. Erich being prevented from attending by sickness, the regular subject for discussion, "The Treatment of Prolapsus Uteri," was omitted.

**SPECIMEN OF PART OF SUPERIOR MAXILLARY BONE REMOVED BY EXCISION.** *Dr. Tiffany* presented this specimen, which was removed by operation from a girl, æt. 15. For two and a half years she had noticed a swelling of the upper jaw on the right side of the median line. The swelling was of slow growth and never the seat of pain. For the last six weeks, however, it had increased rapidly in size, involving the palate process, previously intact. It was distinctly circumscribed. There was no cause for it apparent, and no history of malignant disease in the family. There had been late development, however, of the right lateral upper incisor, which projected above the gum only about half as much as was natural. Dr. Tiffany took the view that the growth was not malignant previously, but had become so recently. The operation was performed under ether, a hypodermic injection of six minims of Magendie's solution of morphia being administered a half hour previously. The patient was then placed in a prone position, her shoulders supported upon pillows, so that her thorax was free and her head supported by an assistant, so that the trachea was at a higher level than the mouth. Thus the possibility of blood flowing into the windpipe was obviated, and the necessity of tracheotomy avoided. The first incision was made in the median line of the upper lip, and both lip flaps freely dissected away from the upper maxillæ. The nose was also separated from the upper jaw. The left central incisor was pulled, as also the last molar on the right side and the

jaw cut through the corresponding sockets with bone pliers; the bone was also cut through into the cavities of the nose. The part of the jaw thus removed contained five teeth, and the two empty sockets. There was no strangulation during the operation, and no pain, although the patient was partially conscious during it. Upon examination of the specimen a cystic growth was found attached to the fang of the right upper central incisor, which lay in the sac of the tumor. Dr. Tiffany believed the tumor originated from the fang of the tooth. The specimen is now undergoing microscopical examination, the result of which will be reported.

**SCROTAL TUMOR DUE TO THICKENED TUNICA VAGINALIS.**—*Dr. Tiffany* also reported the following case: A patient had a scrotal tumor of the right side for some years. This was tapped, and the tumor disappeared. The fluid reaccumulating, it was again tapped, with partial diminution. This process was repeated a second time, but the tumor underwent only slight diminution in size. The patient then came under Dr. Tiffany's care. Fluid being detected in the right side of the scrotum, Dr. Tiffany laid the scrotum open; the tunica was found to be one-eighth of an inch thick—a good deal thicker than chamois leather. The tunica was removed. The patient did badly, gangrene and sloughing of the entire scrotum on the right side taking place, leaving the testicle completely exposed. Pyæmia also set in, from which the patient has fortunately recovered under the persistent and free use of whiskey, nourishment, etc.

**SPECIMEN OF CANCER OF CARDIAC ORIFICE OF STOMACH.**—*Dr. Michael* exhibited this specimen, which had been obtained *post-mortem* from a man, æt. 37, whom he had not seen previous to death. According to the history given, however, the man had constant vomiting of food immediately after taking it, but there was no difficulty in swallowing. One of his attending physicians had passed an œsophageal bougie several times into the stomach without difficulty, and hence inferred that there was no stricture. Another regarded the case as one of obscure nervous character. The correct diagnosis, therefore, was not

made *ante-mortem*. On *post-mortem*, the body was found to be emaciated, sallow and jaundiced. A large, nodular mass was found surrounding the cardiac orifice of the stomach, and encroaching upon the canal. Viewing this as a primary cancerous growth, secondary growths were found involving the liver, lungs, mesenteric glands, kidneys and other parts.

*Dr. I. E. Atkinson* had seen two specimens of the same nature recently. In one there was for a time imperfect deglutition and vomiting after eating, but these symptoms disappeared, and at no time did any symptoms of stricture of the œsophagus reappear. An explanation for this was found at the *post-mortem* when a very large portion of the fundus of the stomach was found involved by the disease, but the mass had undergone fatty degeneration with enormous ulceration, which left the cardiac orifice larger than in the physiological state. In the second case there had been some little difficulty of swallowing, never excessive; the cardiac orifice was the site of a cancerous mass.

NEW FORCEPS FOR REMOVING ADENOID AND PAPILLARY GROWTHS FROM NASO-PHARYNX AND THROAT.—Exhibited by *Dr. John N. Mackenzie*. The principal features of *Dr. M's* forceps are that the cutting blades are constructed on the principle of the bone-nipper (Luers), the cutting edges, however, being prolonged downwards toward the shank, thus forming an almost continuous circle capable of severing the densest growth. The blades, furthermore, act in a double capacity, viz: as nippers or cutters, and as a curette. The posterior and upper surfaces of the blades are sufficiently flattened to admit perfect contact with the pharyngeal walls in whatever position they are introduced. *Dr. M's* forceps possess the additional advantage of combining nippers and curette in one instrument. The growths being extirpated, the instrument is reintroduced and used as a curette, one blade being fixed and the other worked with the hand so as to scrape off the remains of the vegetations; or the instrument can be used as a double curette, both blades being used at once. With such an instrument all possible

danger is removed from its use in parts of the pharynx which are out of sight. The instrument may, furthermore, be used in a modified form for laryngeal and other forms of growth in the lower portions of the throat or fauces. The blades are fenestrated, and the italic *f*-shaped curve of *Lœwenberg's* instrument is retained. *Dr. Mackenzie* had employed his instrument in the case of a boy and a girl with perfect satisfaction. One or two sittings are sufficient.

UTERINE HYDATIDS.—*Dr. Winslow* exhibited a specimen of uterine hydatids passed by a woman who supposed herself to be in the eighth month of pregnancy.

SPECIMEN OF LIGAMENTOUS PREPARATIONS.—*Dr. Winslow* also exhibited specimens of the elbow-joint, knee-joint and ribs, prepared by a method recommended by *Dr. Roswell Park*, of Chicago. This method is based upon the preservative property of glycerine. The preparations whilst dry are at the same time flexible, thus contrasting with ordinary dry specimens in which motion is lost. Although the specimens exhibited had been prepared nearly a year ago, and had absolutely not been in fluid since, being simply kept wrapped up in cloths, they retain their flexibility perfectly. The solution of *Dr. Park* contains two parts of coffee sugar, one of saltpetre, one of methylic alcohol, and sixteen of glycerine. *Dr. Winslow* regarded the method as an exceedingly good one; a disadvantage, however, is found in the fact that it causes the ligaments to turn yellow.

(To be Continued.)

## EDITORIAL.

MICRO-ORGANISMS IN DISEASE.—Two important publications have appeared within the last few weeks—one in England, the other in this country—which, owing to the standing and special opportunities for investigation of their authors, cannot fail to promote greatly the more general acceptance of the views in regard to the parasitic origin of certain of the infectious diseases, recently enunciated by French and German pa-



thologists. One of these publications is the "Report on the Relation of Micro-Organisms to Tuberculosis," which is the result of personal investigations made by W. Watson Cheyne, M. B., F. R. C. S., assistant surgeon to King's College Hospital, London, under the auspices of the Association for the Advancement of Medicine by Research, and an abstract of which is given in the late English journals; the other is a series of four lectures "On the Relations of Micro-Organisms to Disease," delivered before the Alumni Association of the College of Physicians and Surgeons of New York, by Wm. T. Belfield, M. D., Lecturer on Pathology, etc., in Rush Medical College, of Chicago. Mr. Cheyne has devoted himself exclusively to the proof of the etiological importance of the bacillus tuberculosis and has personally visited Dr. Koch, in Berlin, for the purpose of observing his methods of experimentation and ascertaining the exact degree of credibility to which they are entitled. In the course of his investigations Cheyne first tested the effect of ordinary irritants, as setons of various kinds, introduced both subcutaneously and into the anterior chamber of the eye; vaccine lymph, bovine and humanized; pyæmic pus, injected into the eye, subcutaneous tissue and abdominal cavity; cork, tubercle hardened in alcohol, and worsted thread, the three last being introduced into the abdominal cavity. The experiments were performed under the best hygienic conditions, with complete isolation of the animals from each other and thorough disinfection of the instruments employed. In none of the twenty-five animals thus treated did tuberculosis follow, nor in others—rodents—in which wounds were stitched up with cotton thread, and abscesses produced in various ways. This seems to prove very conclusively that ordinary irritation will not give rise to tuberculosis, and that the former experiments which seemed to justify this conclusion ignored the importance of proper disinfection of instruments, and the possibility of mediate contagion in an atmosphere already abounding in disease germs. In this connection it is interesting to learn that carbolic acid, though an effectual antiseptic for the destruction of the ordinary

forms of micro-organisms as evidenced by aseptic surgery, has been shown to be ineffectual against the spores of bacilli unless it acts for a long time. An experiment is given which shows that a saturated watery solution of carbolic acid, even though acting as long as fifteen minutes, is not sufficient to arrest the development of the tubercle bacilli.

Twelve animals were inoculated with cultivations of bacilli obtained from Dr. Koch, chiefly into the anterior chamber of the eye. All of them became rapidly tuberculous. "The tubercles produced in these cases were infective and caused tuberculosis in other animals. On examination of tuberculous material, Koch's tubercle-bacilli are always found, though in varying numbers. They are most numerous in bovine tuberculosis and least numerous in human tuberculosis. About eighty cases of tuberculous animals, and thirty-six cases of human tuberculosis were examined and in all of them, without exception, tubercle-bacilli were found." It is therefore absolutely proved, thinks Mr. Cheyne, that human tuberculous material will produce acute tuberculosis when inoculated into rabbits, Guinea-pigs and other animals, and that this result is due only to the tubercle-bacilli in the inoculated matter. Further acute miliary tuberculosis in man resembles, in histological structure, in tendencies and in the presence of bacilli, the inoculated disease of animals, and "there can be little doubt" that the bacilli are the cause of both.

In comparing the two ordinary forms of phthisis, as it occurs in the human subject, viz: the rapid form or caseous pneumonia and the chronic or fibroid form, they are found to present a striking contrast in the quantity of the bacilli present, the caseous material and epithelial cells filling the alveoli in the former showing a moderate or considerable number, sometimes increasing to enormous masses upon the formation of cavities, whilst in fibroid phthisis they are, as a rule, extremely few. "The foregoing facts seem to indicate that when the tubercle-bacilli reach the alveolus of a lung which is in a suitable condition for their growth, they develop in the epithelial cells lining the alveolus. This alveolus becomes filled with cells,

neighboring alveoli become affected and the same process goes on in them. The further result will depend on the number and growth of the bacilli and on whether the patient is a good soil for their development. If they develop well we have caseous pneumonia; if they grow slowly and with difficulty we have fibroid phthisis." The author concludes with the consideration of some objections offered to the bacillus theory upon pathological grounds, some observations upon tuberculous milk of cows, and a description of the methods of staining employed. We shall defer the consideration of Dr. Belfield's lectures until our next.

**ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.**—The annual meeting of this, our State medical society, will commence in this city on Tuesday, the 24th inst., at 12 M., and continue probably until the end of the week. The meeting promises to be one fully equal to its predecessors in interest. One of the chief attractions will be the address of Dr. John S. Billings, U. S. A., of Washington, D. C., who is the orator of the occasion and will deliver an address upon "Medical Biography." Prof. H. Newell Martin, of the Johns Hopkins University, will contribute some of the results of the researches carried on in his Biological Laboratory during the year, and it is understood there will be full reports from the different sections. Among volunteer papers Dr. C. W. Chancellor will present some observations upon the European Methods of Sewerage. Among special committees from whom reports will probably be received, are the Committee on Legalizing Anatomical Study, Committee on Nurses' Directory, Committee on State Supervision of the Insane, and Committee on Indiscriminate Sale of Poisonous Drugs.

It is in the highest degree desirable that there shall be a full attendance of the physicians of the State upon this

our highest representative medical body, and we urge all who can to come, whether they are members of the society or not.

**THE MARYLAND MEDICAL JOURNAL CHANGED TO A WEEKLY.**—The present number closes the ninth volume of the MARYLAND MEDICAL JOURNAL. The first number of the JOURNAL was issued May 1st, 1877, and for three years was published as a monthly. Six volumes were issued in monthly form, until, with the number for May 1st, 1880, the JOURNAL was changed to a semi-monthly and one volume issued for each year.

Commencing with the tenth volume the form of the JOURNAL will be changed to a weekly. Each number of the weekly containing 16 pages, double column, of solid reading matter, will appear every Thursday, commencing May 3rd. The appearance and size of the publication will be slightly altered to conform to the requirements of a weekly. The proprietors have long desired to make this announcement as they feel assured the weekly visits of the JOURNAL will prove more acceptable to its many readers.

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### MISCELLANY.

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**CAUTERIZING THE CLITORIS IN HYSTERIA.**—*Prof. Friedreich*, late of Heidelberg, in a posthumous article (*Virchow's Archiv*, Band xc., Heft 2, and *Lond. Med. Rec.*, March) recommends this. Referring to the late Baker Brown's practice of clitoridectomy in such cases, F. argues that peripheral irritation by masturbation of several branches of the pudendal nerve, causes profound disturbance of the nervous system, as epilepsy, hysteria and other nervous and mental affections, which yield to the removal of the exciting cause. F. cauterized the clitoris with the solid stick of nitrate of silver in



eight cases of paraplegia, neuralgia, and hystero-epilepsy. In these cases the sexual organs were otherwise not affected, but masturbation was certain in some, and most probable in all. In some cases the symptoms were improved after the first cauterization, and each further procedure led to more progress towards recovery. All the patients recovered. Two were not lost sight of, and in both there were relapses, which yielded, however, to the same treatment. The cauterization was done very energetically and caused severe pain, which lasted for some time; and the patients were kept in bed until the pain had subsided.

**HOSPITAL DEDICATION.**—The Presbyterian Eye, Ear and Throat Charity Hospital was dedicated on the 26th ult. in the large three-story brick building recently purchased by the governors for \$15,000, in fee. The lot fronts on Baltimore St., and is 63 by 150 feet. Ten thousand of the total cost, it is stated, has been subscribed, and no difficulty is expected in raising the rest. During the five years of its existence, over 14,000 patients have been treated in it, with an average daily attendance of 71 patients. There are accommodations in the hospital for 20 patients. Each of the Presbyterian churches in the city in succession takes charge of the hospital for a month, paying all expenses. When a congregation is too small to bear the expense two are united. The medical staff are Drs. J. J. Chisolm, W. W. White, H. Harlan, H. Woods, and J. E. Doerksen, in the eye and ear department, and Drs. F. W. Pearson and J. F. Perkins in the throat department.

**RECOVERY AFTER A BROKEN NECK.**  
—*Mr. Jordison (Lancet, Oct., 1882, and Lond. Med. Rec., March, 1883)* reports the case of a man, æt. 38, who was riding at a fence under the arm

of a tree, when his horse jumped higher than he expected and the back of his neck came in contact with a branch, the force of the blow being forwards and downwards. The patient fell off his horse and was unconscious for about two minutes. As soon as he could speak he complained of intense pain up and down the neck and in his arms and legs. He was carried on a gate to a farmhouse, where, upon examination, fracture of the laminae of the fifth and sixth cervical vertebrae, with complete paralysis of the left upper extremity, and also, but to a less degree, of the right, impaired mobility of the left leg, the right being unaffected, and a sense of tingling and numbness over the whole body. There was perfect consciousness. There was paralysis of bladder, and slight dysphagia for a few days; no rise of temperature over 101.4° F.; slight delirium for a few days; respiration always normal. By the third day motion was recovered entirely in the left leg and tingling was much less. By the fourteenth day there was much greater power in the right arm, and he could just raise the left. Perfect motion was restored in both legs. After this the paralysis of the arms gradually became worse until the end of the fourth week, when there was complete loss of power of motion over left arm and hand with intense hyperæsthesia; the right arm was similarly affected, but to a less degree. On the left side there was complete atrophy of hand, arm and shoulder; less on the right. About the fifth week there was slight return of power in bladder and rectum, and the right arm began slowly to recover. By the end of the eleventh week there was some power in the left arm, but great trouble arose from the stiffness of the joints. The head also could be slightly raised and freely rotated. After the thirteenth week the patient was carried to his own house and made a rapid recovery.

**PUERPERAL TETANUS.**—*Dr. Keeling* (*Sheffield Medico-Chir. Soc., Brit. Med. Journ.*, Jan. 13th) relates the particulars of a case. With the exception of some flooding, to which the patient had always been liable in her confinement, parturition in the present instance was normal and had been followed by a satisfactory recovery up to the tenth day. Symptoms of lock-jaw manifested themselves on the eleventh day after labor. The patient died in a paroxysm of apnœa three weeks after her confinement, and on the ninth day after the first appearance of tetanus.

**THE PRACTICAL APPLICATION OF SPONGE-GRAFTING.**—*Dr. Hamilton* has contributed a note to the *Brit. Med. Journ.*, of Jan. 6th, with regard to his subsequent experience with sponge-grafting since the publication of his original paper. He has found that this plan of promoting the healing of deep wounds or ulcers is best carried out by using thin layers of sponge, not thick enough to interfere with drainage. One of these is applied with some pressure over the granulating surface, than which it should be somewhat smaller so that it will not quite reach to the young epithelial border, otherwise it may be undermined at the periphery. As soon as this sheet of sponge has been appropriated by the granulations another is superadded, so as gradually to build up the wound. He has found the freezing microtome of the proper size to furnish the best way of obtaining these sections of sponge. When the ulcer or wound is in the lower extremity, he recommends moderate exercise, in order to favor the turgidity of the capillary loops and increase their functional activity so as to stimulate the granulating process and favor the healing of the wound.—*Phil. Med. Times*, March 10th.

**TREATMENT OF AN EXTENSIVE OUTBREAK OF RINGWORM.**—*Mr. Alder*

*Smith* (*Brit. Med. Journ.*, Dec., 1882, and *Lond. Med. Rec.*, March, 1883) gives a summary of the management of a large outbreak of ringworm in a school. Of 92 children, 83 were affected, some very chronic, some very recent cases; most had body ringworm as well. In less than a month this was cured by using either Coster's paste, acetic acid or by the comp. ointment of carbolic acid, citrine ointment and sulphur. In less than three months 49 cases were cured by using only the compound carbolic acid, citrine and sulphur ointment. Of the remaining cases, 20 were put on the oleate of mercury treatment, and later on 23 were treated with croton oil in order to remove stumps or to convert small rebellious patches into kerion. In six months 72 cases were cured.

**DOMESTICITY AS A CAUSE OF INSANITY.**—*Mrs. M*—, æt. 44, mother of eight children, had acute mania. The husband, when asked if he could suggest any cause for her illness, exclaimed with much animation, that he could not conceive any reason. "She is a most domestic woman; is *always* doing something for her children; is *always* at work for us all; never goes out of the house, even to church on Sunday; never goes gadding about at the neighbors' houses, or talking from one to another; has been one of the best of wives and mothers, and is *always* at home."

The Superintendent of the Hartford Retreat for the Insane (from the report of which institution this case is taken), in commenting upon it, says: "This appreciative husband could hardly have furnished a more graphic delineation of the causes of his wife's insanity had he understood them ever so thoroughly.—*London Med. Record*, March 15.

H. J. B.

**T. GAILLARD THOMAS ON INTRA-UTERINE INJECTIONS IN PUERPERAL SEPTICÆMIA.**—It seems to me that the



time has arrived when puerperal septicæmia should be treated upon just as simple a plan as septicæmia of any other kind is, namely, by washing with some antiseptic fluid the surface where the disease originates—some fluid which will remove the poisonous material which is being absorbed, and also, as far as possible, neutralize its poisonous qualities. In brief, I would say that puerperal septicæmia, with our present light on the subject, should be treated in the following manner: First, wash out the uterine cavity completely with some antiseptic fluid; second, quiet all pain by opium; third, get the peculiar influence of quinine upon the nervous system, and fourth, keep the temperature, at all hazards, at or below one hundred degrees, by the methods which we now possess. Three years ago, at the American Gynecological Society, which met in Baltimore, I took the ground which I take to-day regarding this subject, and only one gentleman in the entire society supported my view. Every other member who spoke referred to the dangers of introducing air into the uterine sinuses during the injection, etc. But I believe that the dangers attending the use of the injections are counterbalanced by the benefits to be derived. I do not think there is the least probability that air will be introduced if a tube of large size—as large as the finger—is used. But when a catheter is employed, there is some danger of inserting it into a sinus and introducing air and fluid together directly into the vessels. —*N. Y. Med. Jour., March 31.*

WHAT WE KNOW OF BACTERIA AS CAUSING DISEASE.—*Dr. W. T. Belfield*, in his Cartwright Lectures, delivered before the Alumni Association of the College of Physicians and Surgeons of New York, makes the following classification of diseases in the etiology of which bacteria bear, or are supposed to bear, a part. 1. Dis-

eases the demonstration of the bacterial origin of which has been completed through inoculation with isolated bacteria by competent observers: anthrax. 2. Diseases the bacterial origin of which has been affirmed after inoculation with isolated bacteria by one competent observer: tuberculosis. 3. Diseases which were always characterized by the presence of bacteria in the tissues, but which had not been induced by inoculation with isolated bacteria: pyæmia, diphtheria, erysipelas, etc. 4. Diseases in which after death bacteria have been found in the tissues: variola, scarlatina, typhoid fever, etc. 5. Diseases in which the presence of bacteria, before and after death, has been asserted: syphilis, typhus fever, intermittent fever, measles, etc.

FATAL SPONTANEOUS RUPTURE OF BLADDER.—From the Booth Hospital, Lancashire, Dr. Walker reports a most curious case of retention of urine, followed by spontaneous rupture of bladder and death. Patient was a most temperate man, had not had venereal disease or sustained any injury. He awoke suddenly in the night wanting to pass urine, and complaining of violent pain over the privates. A catheter was passed, but only blood was drawn off. He died three days subsequently of peritonitis, and at the necropsy a rupture was found two inches in length in the anterior wall of the bladder, commencing an inch from the neck and extending to two inches from its summit. There was no external evidence of injury to the abdomen.—*London Cor. Amer. Practitioner, March.*

DANGER FROM BOXING THE EARS.—Mr. Dalby, of St. George's Hospital, and Dr. Carmichael, of Edinburgh, call attention to the danger of punishing children by striking them on the head or boxing the ears. If an injury follows a blow on the ear, it may be

of three kinds: 1. The hearing may be immediately damaged without the membrane being ruptured, and without any inflammation being set up in the tympanum. 2. The tympanic membrane may be at once ruptured, and the appearance is usually that of a long vertical slit on one side of the handle of the malleus. 3. Without the membrane being broken, acute inflammation may be excited in the tympanic cavity. Sea-water, according to Mr. Dalby, has a peculiarly irritating effect upon the lining membrane of the tympanum, especially when the perforation is of small size, so that the fluid which has once entered cannot freely escape.—*Idem*.

MEDICAL APPOINTMENTS.—The following appointments have been made at the University of Maryland: Hiram Woods, Jr., chief of clinic of dermatology; L. Ernest Neale, M. D., demonstrator of obstetrics; N. A. S. Keyser, assistant dispensary physician, vice H. M. Wilson, Jr., M. D., resigned, At the College of Physicians and Surgeons, W. R. Clarke, M. D., has been appointed resident physician, and J. W. Bowers, M. D., assistant resident physician to the City Hospital; W. Page McIntosh, M. D., resident physician to Maternite Hospital; and George H. Strauss, M. D., resident physician to Maryland Woman's Hospital.

ANNUAL MEETING OF MED. ASS'N OF DISTRICT OF COLUMBIA.—At the annual meeting of this society, held on the 3d inst., Dr. D. R. Hagner was elected President, Dr. D. W. Prentiss, 1st Vice-President, and Dr. F. A. Ashford, 2d Vice-President; Dr. J. F. Hartigan, Secretary, and Dr. George L. Magruder, Treasurer. Board of Censors, Drs. Stanton, McArdle and T. C. Smith. Board of Counsellors, Drs. W. G. Palmer, J. W. Lovejoy, J. F. Patterson, C. K. Hagner, J. W.

Buckley, C. W. Franzoni, W. F. Taylor and T. E. McArdle.

SOCIETY BULLETIN.—*Clin. Soc.* will meet Friday, April 20, 8 P. M. Dr. Erich on "Treatment of Prolapse."—*Acad. of Med.* will meet Tuesday, April 17, 8.30 P. M.—*Med. Ass'n* will meet Monday, April 23, 8.30 P. M. Dr. A. B. Arnold on "Dyspepsia."—*Med. and Surg. Soc.* meets every Wednesday, 8.30 P. M.—*Med. and Chir. Fac. of Md.* will meet in annual session Tuesday, April 24, 12 M., in Hopkins Hall, Johns Hopkins University, and following days. Dr. J. S. Billings, orator: Subject "Medical Biography."

POISONING BY ERGOT.—*Davidson (Lancet, Sept., 1882, and Lond. Med. Rec., March, 1882)* records a fatal case. The patient, æt. 28, had, before coming under observation, vomited half a pint of blood and passed urine which looked like blood. The face, eyes, neck and upper portion of chest were intensely jaundiced, the eyes and lips were surrounded by hæmorrhages. Temp. 90°; pulse too rapid to be counted, and hardly to be felt. Cardiac impulse had a distinctly rolling character and but 150 a minute. Respiration varied from 48 to 56. The patient admitted having taken ergot for several months to procure abortion, and having taken 'two handfuls' in the solid form the day before the commencement of the illness with the object of discharging the force of the poison through an active uterus, labor was induced. As an antidote liquor chlori was given, but the case was obviously quite hopeless from the beginning and the patient fell into a stupor and died. On *p. m.* a large quantity of fat was found in the thorax and abdomen, and this and all the organs except the brain contained innumerable small hæmorrhages. In the abdominal cavity there was a large quantity of blood. No large vessel



was found ruptured. The blood everywhere very fluid. There was a five months foetus in the uterus.

ACUTE RHEUMATISM IN AN INFANT.  
—*Dr. Ernest Pocock (Lancet, Nov., '82, and Lond. Med. Rec., March, 1883)* reports a case in a newly-born infant. Mrs. A. had been ill two days with rheumatic fever and was pregnant, being within a month of her confinement. Twenty grains of salicylate of sodium were given every hour at first, then every two hours and in thirty hours the rheumatic pains left entirely but labor came on and in four hours a healthy male was born. The mother had a return of rheumatism after its birth but eventually recovered. The child was decidedly feverish within twelve hours of birth and cried a good deal, especially when the right arm was moved. Temp.  $103.5^{\circ}$ , pulse very rapid. Salicylate of soda, in doses of gr. iv every three hours, was given to the infant. Temp. fell to  $101^{\circ}$  within forty hours and was normal by the eighth day, and there was no further rise. There was a good recovery and no valvular lesion was detected.

### MEDICAL ITEMS.

AT the meeting of the Association of American Medical Editors, to be held at Cleveland, June 5th and 6th, Dr. N. S. Davis, of Chicago, the President, will deliver an address on "The Present Status and Tendencies of the Medical Profession and Medical Journalism," and Dr. H. O. Marcy, of Boston, one on "Journalism Devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments." Free discussion will be welcomed from all physicians present.—The Amer. Med. Ass'n will meet at Cleveland, Ohio, June 5, 1883. —Joseph K. Barnes, M. D., U. S. A., retired, late Surgeon-General, died in Washington, April 5th.—Dr. Ran-

dolph Barksdale, formerly connected with an insane asylum at Richmond, Va., has been appointed by the Board of Trustees of Spring Grove Asylum, Assistant Physician of the institution, vice Dr. Sydney O. Heiskel transferred to the Quarantine Hospital. The salary is \$600.—Dr. Wm. H. Van Buren, the eminent surgeon of New York, died on the 25th ulto. in his 64th year.—Dr. Robert Murray has been appointed Assistant Surgeon-General of the Army. He was appointed to the service from Maryland in 1846.—Dr. J. B. Hamilton, Supervising Surgeon-General of the U. S. Marine Hospital Service, has been delivering the course of lectures on surgery in the Medical Department of the Columbian University, Washington during the absence in Europe of the regular incumbent, Prof. J. Ford Thompson.—Dr. S. Weir Mitchell has presented \$5,000 to the Phila. College of Physicians as the nucleus of an entertainment fund, the income of which is to be devoted to an annual dinner or otherwise expended so as to promote sociability.—An association has been formed among physicians in New York for the purpose of upholding the old code of ethics and resisting any modification of it that does not emanate from the body in which it originates. Many of the most eminent physicians in the city are members of it.—A complimentary dinner will be given to Prof. Oliver Wendell Holmes, at Delmonico's, New York, April 12, by the profession of that city. Tickets are \$10, and must be forwarded by April 1st.—The hospital Saturday and Sunday collections in New York for the year 1882, amounted to \$40,000, \$2,000 less than for the previous year. There is said to be too much Episcopalianism in the committee, and the Catholics do not participate.—Professor Von Rinecker, the well-known writer on psychiatry, diseases of children, etc., died recently at Würzburg.











